

EXHIBIT J-3



| Value Plan |

Express Scripts Medicare (PDP) 2018 Formulary (List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

Formulary ID Number: 18154, Version 14

This formulary was updated on 07/12/2018. For more recent information or other questions, please contact **Express Scripts Medicare® (PDP) Customer Service at 1.800.758.4574**; New York State residents: **1.800.758.4570** or, for TTY users, **1.800.716.3231**, 24 hours a day, 7 days a week, or visit express-scripts.com.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.758.4574**; para residentes del estado de New York: **1.800.758.4570** (TTY: **1.800.716.3231**).

This information is available in braille, large print and other formats for people with disabilities. Please contact Customer Service if you need plan information in another format.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Medco Containment Life Insurance Company and Medco Containment Insurance Company of New York (for members located in New York State only). When it refers to “plan” or “our plan,” it means Express Scripts Medicare.

This document includes a list of the drugs (formulary) for our plan, which is current as of July 12, 2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.

What is the Express Scripts Medicare Formulary?

A formulary is a list of covered drugs selected by Express Scripts Medicare in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Express Scripts Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Express Scripts Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we cannot ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of July 12, 2018. To get updated information about the drugs covered by Express Scripts Medicare, please contact us. Our contact information appears on the front and back cover pages. If there are additional changes made to the formulary that affect you and are not mentioned above, you will be notified in writing of these changes within a reasonable period of time from when the changes are made.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular, Hypertension/Lipids.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 63. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Express Scripts Medicare covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Express Scripts Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Express Scripts Medicare before you fill your prescriptions. If you don't get approval, Express Scripts Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Express Scripts Medicare limits the amount of the drug that Express Scripts Medicare will cover. For example, Express Scripts Medicare provides two inhalers (17 grams) for a 1-month supply per prescription for PROAIR® HFA. This may be in addition to a standard 1-month or 3-month supply.
- **Step Therapy:** In some cases, Express Scripts Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Express Scripts Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Express Scripts Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Express Scripts Medicare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section “How do I request an exception to the Express Scripts Medicare Formulary?” on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that Express Scripts Medicare does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Express Scripts Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Express Scripts Medicare.
- You can ask Express Scripts Medicare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Express Scripts Medicare Formulary?

You can ask Express Scripts Medicare to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Express Scripts Medicare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Express Scripts Medicare will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91- to 98-day transition supply, consistent with dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Other times when we will cover a temporary 30-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care
- When you are discharged from a psychiatric hospital with a medication regimen that is highly individualized

If you are entering a long-term care facility, we will cover a 31-day transition supply.

The plan will send you a letter within 3 business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

For more information

For more detailed information about your Express Scripts Medicare prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Express Scripts Medicare, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048. Or, visit <http://www.medicare.gov>.

Express Scripts Medicare's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Express Scripts Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 63.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., JANUMET®) and generic drugs are listed in lowercase italics (e.g., *omeprazole*).

The information in the Requirements/Limits column tells you if Express Scripts Medicare has any special requirements for coverage of your drug.

B/D PA: Part B or Part D Prior Authorization. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Customer Service at **1.800.758.4574** (New York State residents: **1.800.758.4570**), 24 hours a day, 7 days a week. TTY users, call **1.800.716.3231**.

MO: Mail-Order Drug. This prescription drug is available through our home delivery pharmacy service, as well as through our retail network pharmacies. Consider using mail order for your long-term medications (the kind you take regularly, such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

PA: Prior Authorization. The plan requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Your costs

The amount you pay for a covered drug will depend on:

- **Your coverage stage.** Express Scripts Medicare has different stages of coverage. In each stage, the amount you pay for a drug may change.
- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier may have a different copayment or coinsurance amount. The "Drug Tiers" chart on the following page explains what types of drugs are included in each tier and shows how costs may change with each tier.

The *Evidence of Coverage* has more information about the plan's coverage stages and lists the copayment and coinsurance amounts for each tier.

If you qualify for Extra Help

If you qualify for Extra Help for your prescription drugs, your copayments and coinsurance may be lower. Please refer to the *“Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (LIS Rider)”* to find out what your costs are or you may contact Customer Service for more information.

Drug Tiers

Tier	Description
Tier 1: Preferred Generic Drugs	This tier includes commonly prescribed generic drugs. Use Tier 1 drugs for the lowest copayments.
Tier 2: Generic Drugs	This tier includes generic drugs. Use Tier 2 drugs to keep your copayments low.
Tier 3: Preferred Brand Drugs	This tier includes preferred brand-name drugs as well as some generic drugs. Drugs in this tier will generally have lower copayments than non-preferred drugs.
Tier 4: Non-Preferred Drugs	This tier includes non-preferred brand-name drugs as well as some generic drugs. There may be lower-cost alternatives for you. Ask your doctor if switching to a lower-cost generic or preferred brand drug may be right for you. Drugs in this tier are limited to up to a 31-day supply from either your local retail network pharmacy or from our network home delivery service.
Tier 5: Specialty Tier Drugs	This tier includes very high-cost brand-name and generic drugs. To learn more about medications in this tier, you may contact a pharmacist at the numbers listed on the front and back covers of this document. Drugs in this tier are limited to up to a 31-day supply from either your local retail network pharmacy or from our network home delivery service.

Key

The abbreviations listed below may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug. You can find information on what the symbols and abbreviations on these tables mean by going to page v.

B/D PA: Part B or Part D Prior Authorization
LA: Limited Availability
MO: Mail-Order Drug
PA: Prior Authorization
QL: Quantity Limit
ST: Step Therapy

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits			
ANTI - INFECTIVES								
ANTIFUNGAL AGENTS								
ABELCET	5	B/D PA; MO	MYCAMINE INTRAVENOUS RECON SOLN 100 MG	5	MO			
AMBISOME	5	B/D PA; MO	MYCAMINE INTRAVENOUS RECON SOLN 50 MG	3	MO			
<i>amphotericin b</i>	4	B/D PA; MO	NOXAFL ORAL	5	MO			
CANCIDAS	5	B/D PA; MO	<i>nystatin oral suspension</i>	2	MO			
<i>caspofungin</i>	5	B/D PA	<i>nystatin oral tablet</i>	2	MO			
<i>clotrimazole mucous membrane</i>	3	MO	SPORANOX ORAL SOLUTION	5	MO			
CRESEMBA INTRAVENOUS	5		<i>terbinafine hcl oral</i>	2	MO			
CRESEMBA ORAL	5	MO	<i>voriconazole intravenous</i>	4	MO			
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	MO	<i>voriconazole oral suspension for reconstitution</i>	5	MO			
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	4		<i>voriconazole oral tablet</i>	3	MO			
<i>fluconazole oral suspension for reconstitution</i>	3	MO	ANTIVIRALS					
<i>fluconazole oral tablet</i>	2	MO	<i>abacavir</i>	3	MO			
<i>flucytosine</i>	3	MO	<i>abacavir-lamivudine</i>	5	MO			
<i>griseofulvin microsize</i>	4	MO	<i>abacavir-lamivudine-zidovudine</i>	5	MO			
<i>griseofulvin ultramicrosize</i>	4	MO	<i>acyclovir oral capsule</i>	2	MO			
<i>itraconazole</i>	3	MO	<i>acyclovir oral suspension 200 mg/5 ml</i>	3	MO			
<i>ketoconazole oral</i>	2	MO	<i>acyclovir oral tablet</i>	2	MO			
			<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO			
			<i>amantadine hcl oral capsule</i>	4	MO			

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
amantadine hcl oral solution	2	MO	famciclovir	4	MO
amantadine hcl oral tablet	4	MO	fosamprenavir	5	MO
APTIVUS ORAL CAPSULE	4	MO	FUZEON SUBCUTANEOUS RECON SOLN	4	MO
APTIVUS ORAL SOLUTION	4		ganciclovir sodium intravenous recon soln	4	B/D PA; MO
atazanavir	5	MO	GENVOYA	3	MO
ATRIPLA	5	MO	HARVONI	5	PA; MO; QL (28 per 28 days)
BARACLUDE ORAL SOLUTION	3	MO	INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO
BIKTARVY	4	MO	INTELENCE ORAL TABLET 25 MG	3	MO
cidofovir	4	B/D PA; MO	INVIRASE	5	MO
COMPLERA	4	MO	ISENTRESS HD	4	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	MO	ISENTRESS ORAL POWDER IN PACKET	5	MO
DESCOVY	5	MO	ISENTRESS ORAL TABLET	5	MO
didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg	3	MO	ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
EDURANT	4	MO	ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
efavirenz oral capsule 200 mg	5	MO	JULUCA	4	MO
efavirenz oral capsule 50 mg	3	MO	KALETRA ORAL TABLET 100-25 MG	3	MO
efavirenz oral tablet	5	MO	KALETRA ORAL TABLET 200-50 MG	5	MO
EMTRIVA	3	MO	lamivudine oral solution	3	MO
entecavir	3	MO			
EPCLUSIA	5	PA; MO; QL (28 per 28 days)			
EPIVIR HBV ORAL SOLUTION	3	MO			
EVOTAZ	4	MO			

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
lamivudine oral tablet 100 mg	2	MO	PREVYMIS INTRAVENOUS	5	
lamivudine oral tablet 150 mg, 300 mg	3	MO	PREVYMIS ORAL	5	MO
lamivudine-zidovudine	3	MO	PREZCOBIX	4	MO
LEXIVA ORAL SUSPENSION	3	MO	PREZISTA ORAL SUSPENSION	5	MO
LEXIVA ORAL TABLET	5	MO	PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
lopinavir-ritonavir	3	MO	PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
moderiba	4	MO	REBETOL ORAL SOLUTION	3	MO
moderiba dose pack oral tablets, dose pack 200 mg (28)-400 mg (28), 600-400 mg (28)-mg (28)	4	MO	RELENZA DISKHALER	3	MO
moderiba dose pack oral tablets, dose pack 400-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)	5	MO	RESCRIPTOR	4	MO
nevirapine oral tablet	3	MO	RETROVIR INTRAVENOUS	3	MO
nevirapine oral tablet extended release 24 hr	4	MO	REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	MO
NORVIR ORAL CAPSULE	3		REYATAZ ORAL POWDER IN PACKET	5	MO
NORVIR ORAL POWDER IN PACKET	3	MO	ribavirin oral capsule	3	MO
NORVIR ORAL SOLUTION	3	MO	ribavirin oral tablet 200 mg	3	MO
NORVIR ORAL TABLET	3	MO	rimantadine	4	MO
ODEFSEY	5	MO	ritonavir	3	MO
oseltamivir	3	MO	SELZENTRY ORAL SOLUTION	4	MO
			SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits	
SELZENTRY ORAL TABLET 25 MG	3	MO	VIDEX EC ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 125 MG	4	MO	
<i>stavudine oral capsule</i>	4	MO	VIRACEPT ORAL TABLET	4	MO	
STRIBILD	4	MO	VIRAMUNE ORAL SUSPENSION	4	MO	
SUSTIVA ORAL CAPSULE 200 MG	5	MO	VIREAD	5	MO	
SUSTIVA ORAL CAPSULE 50 MG	3	MO	ZEPATIER	5	PA; MO; QL (28 per 28 days)	
SUSTIVA ORAL TABLET	5	MO	ZERIT ORAL RECON SOLN	4	MO	
SYMFI	4	MO	ZIAGEN ORAL SOLUTION	3	MO	
SYMFI LO	4	MO	<i>zidovudine oral capsule</i>	3	MO	
SYNAGIS	5	MO; LA	<i>zidovudine oral syrup</i>	3	MO	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTIO N	3	MO	<i>zidovudine oral tablet</i>	2	MO	
<i>tenofovir disoproxil fumarate</i>	5	MO	CEPHALOSPORINS			
TIVICAY ORAL TABLET 10 MG	3	MO	<i>cefaclor oral capsule</i>	3	MO	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO	<i>cefadroxil oral capsule</i>	2	MO	
TRIUMEQ	5	MO	<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	4	MO	
TRUVADA	5	MO	<i>cefadroxil oral tablet</i>	4	MO	
<i>valacyclovir oral tablet 1 gram</i>	4	MO; QL (124 per 31 days)	<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO	
<i>valacyclovir oral tablet 500 mg</i>	4	MO; QL (62 per 31 days)	<i>cefazolin injection recon soln 10 gram</i>	4		
<i>valganciclovir</i>	5	MO	<i>cefdinir oral capsule</i>	2	MO	
VEMLIDY	5	MO				
VIDEX 4 GRAM PEDIATRIC	4	MO				

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>cefdinir oral suspension for reconstitution</i>	3	MO	<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>cefepime</i>	4	MO	<i>cephalexin oral tablet</i>	2	MO
<i>cefixime</i>	4	MO	SUPRAX ORAL CAPSULE	4	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	4		SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	MO	TEFLARO	4	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4		ERYTHROMYCINS / OTHER MACROLIDES		
<i>cefpodoxime</i>	4	MO	<i>azithromycin intravenous</i>	4	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	MO	<i>azithromycin oral packet</i>	2	MO
<i>ceftazidime injection recon soln 6 gram</i>	4		<i>azithromycin oral suspension for reconstitution</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO	<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4		<i>azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg</i>	2	MO
<i>cefuroxime axetil oral tablet</i>	2	MO	<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	MO	<i>clarithromycin oral suspension for reconstitution 250 mg/5 ml</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	MO	<i>clarithromycin oral tablet</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4		<i>clarithromycin oral tablet extended release 24 hr</i>	4	MO
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO			

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
e.e.s. 400 oral tablet	4	MO
erythrocin (as stearate) oral tablet 250 mg	4	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO
erythromycin ethylsuccinate oral suspension for reconstitution	4	MO
erythromycin ethylsuccinate oral tablet	4	MO
erythromycin oral capsule, delayed release(dr/ec)	3	MO
erythromycin oral tablet	4	MO
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA	5	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ALINIA ORAL TABLET	5	MO
amikacin injection solution 500 mg/2 ml	4	MO
atovaquone	5	MO
atovaquone-proguanil oral tablet 250-100 mg	3	MO
atovaquone-proguanil oral tablet 62.5-25 mg	2	MO

Drug Name	Drug Tier	Requirements /Limits
aztreonam injection recon soln 1 gram	3	MO
BENZNIDAZOLE	3	
BILTRICIDE	3	MO
CAPASTAT	4	
CAYSTON	5	MO; LA; QL (84 per 28 days)
chloramphenicol sod succinate	4	
chloroquine phosphate oral tablet 250 mg	2	MO
chloroquine phosphate oral tablet 500 mg	4	MO
clindamycin hcl	2	MO
clindamycin in 5 % dextrose	4	MO
clindamycin palmitate hcl	2	MO
clindamycin phosphate injection	4	MO
clindamycin phosphate intravenous solution 600 mg/4 ml	4	
COARTEM	3	MO
colistin (colistimethate na)	4	MO
dapsone oral	3	MO
daptomycin intravenous recon soln 500 mg	5	MO
DARAPRIM	5	PA; MO
EMVERM	5	MO
ethambutol oral tablet 100 mg	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>ethambutol oral tablet 400 mg</i>	4	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml</i>	4	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 60 mg/50 ml, 80 mg/50 ml</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	2	
<i>gentamicin injection solution 40 mg/ml</i>	2	MO
<i>hydroxychloroquine</i>	3	MO
<i>imipenem-cilastatin</i>	4	MO
<i>isoniazid oral solution</i>	4	MO
<i>isoniazid oral tablet</i>	2	MO
<i>ivermectin</i>	3	MO
<i>linezolid</i>	5	MO
<i>linezolid in dextrose 5%</i>	4	
<i>mefloquine</i>	2	MO
<i>meropenem</i>	4	MO
<i>metronidazole in nacl (iso-os)</i>	2	MO
<i>metronidazole oral</i>	2	MO
<i>NEBUPENT</i>	3	B/D PA; MO; QL (1 per 28 days)
<i>neomycin</i>	2	MO
<i>paromomycin</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>PASER</i>	3	MO
<i>PENTAM</i>	4	MO
<i>PRIFTIN</i>	3	MO
<i>PRIMAQUINE</i>	3	MO
<i>pyrazinamide</i>	4	MO
<i>quinine sulfate</i>	3	MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	2	MO
<i>rifampin oral</i>	4	MO
<i>SIRTURO</i>	5	MO; LA
<i>STREPTOMYCIN</i>	3	MO
<i>SYNERCID</i>	5	
<i>TIGECYCLINE</i>	5	
<i>tinidazole</i>	4	MO
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection solution 10 mg/ml</i>	2	MO
<i>tobramycin sulfate injection solution 40 mg/ml</i>	4	MO
<i>TRECATOR</i>	3	MO
<i>XIFAXAN ORAL TABLET 200 MG</i>	4	MO; QL (9 per 30 days)
<i>XIFAXAN ORAL TABLET 550 MG</i>	4	MO; QL (93 per 31 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
amoxicillin oral tablet, chewable 125 mg, 250 mg	2	MO	AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	5	MO
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 600-42.9 mg/5 ml	2	MO	dicloxacillin	2	MO
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml, 400-57 mg/5 ml	3	MO	nafcillin injection recon soln 1 gram	4	MO
amoxicillin-pot clavulanate oral tablet	2	MO	nafcillin injection recon soln 10 gram	5	MO
amoxicillin-pot clavulanate oral tablet extended release 12 hr	4	MO	penicillin g potassium injection recon soln 20 million unit	4	MO
amoxicillin-pot clavulanate oral tablet, chewable	2	MO	penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	2	MO
ampicillin oral capsule 500 mg	2	MO	penicillin g sodium	4	MO
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	4	MO	penicillin v potassium	2	MO
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	4	MO	piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram	3	MO
ampicillin-sulbactam injection recon soln 15 gram	4	MO	piperacillin-tazobactam intravenous recon soln 4.5 gram, 40.5 gram	4	MO
QUINOLONES					
ciprofloxacin					
ciprofloxacin hcl oral					
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml					

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml</i>	4	MO
<i>levofloxacin in d5w intravenous piggyback 750 mg/150 ml</i>	3	MO
<i>levofloxacin intravenous</i>	4	MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>ofloxacin oral tablet 300 mg</i>	4	
<i>ofloxacin oral tablet 400 mg</i>	4	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral</i>	2	MO
TETRACYCLINES		
<i>demeclacycline</i>	4	MO
<i>doxy-100</i>	4	MO
<i>doxycycline hyclate oral capsule</i>	3	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	3	MO
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	4	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet</i>	4	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	MO
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	4	MO
<i>morgidox oral capsule 50 mg</i>	3	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	4	MO
<i>nitrofurantoin</i>	3	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg</i>	3	MO
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>trimethoprim</i>	2	MO
VANCOMYCIN		
<i>vancomycin intravenous recon soln 1,000 mg</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>vancomycin</i>	4	MO
<i>intravenous recon soln 10 gram, 500 mg</i>		
<i>vancomycin oral capsule</i>	3	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
KEPIVANCE	5	MO
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	2	MO
<i>leucovorin calcium oral</i>	2	MO
<i>levoleucovorin intravenous recon soln 50 mg</i>	3	
<i>levoleucovorin intravenous solution</i>	4	
mesna	4	MO
MESNEX ORAL	5	MO
XGEVA	5	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ABRAXANE	5	B/D PA; MO
<i>adriamycin intravenous solution 20 mg/10 ml</i>	3	B/D PA
<i>adrucil intravenous solution 500 mg/10 ml</i>	4	B/D PA; MO
AFINITOR DISPERZ	5	PA; MO
AFINITOR ORAL TABLET 10 MG	5	PA; MO; QL (62 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA; MO
ALECensa	4	PA; MO; QL (248 per 31 days)
ALIMTA	5	B/D PA; MO
ALIQOPA	4	B/D PA; MO; LA
ALUNBRIG ORAL TABLET 180 MG	4	PA; MO; QL (31 per 31 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; MO; QL (186 per 31 days)
ALUNBRIG ORAL TABLET 90 MG	4	PA; MO; QL (62 per 31 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; MO; QL (31 per 31 days)
anastrozole	2	MO
ARRANON	3	B/D PA
AVASTIN	3	B/D PA; MO
azacitidine	5	B/D PA; MO
azathioprine	2	B/D PA; MO
azathioprine sodium	3	B/D PA
BAVENCIO	5	B/D PA; MO; LA
BELEODAQ	5	B/D PA; MO
bexarotene	5	MO
bicalutamide	2	MO
BICNU	4	B/D PA; MO
<i>bleomycin injection recon soln 30 unit</i>	4	B/D PA; MO
BORTEZOMIB	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
BOSULIF ORAL TABLET 100 MG	3	PA; MO	CYRAMZA	5	B/D PA; MO
BOSULIF ORAL TABLET 400 MG, 500 MG	3	PA; MO; QL (31 per 31 days)	<i>cytarabine</i>	4	B/D PA; MO
<i>busulfan</i>	5	B/D PA	<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	4	B/D PA; MO
BUSULFEX	4	B/D PA	<i>dacarbazine intravenous recon soln 200 mg</i>	2	B/D PA; MO
CABOMETYX	4	PA; MO; LA	<i>dactinomycin</i>	3	B/D PA
CALQUENCE	4	PA; MO; LA; QL (62 per 31 days)	DARZALEX	3	B/D PA; MO; LA
CAPRELSA ORAL TABLET 100 MG	5	PA; MO; LA; QL (93 per 31 days)	<i>daunorubicin intravenous solution</i>	2	B/D PA
CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (31 per 31 days)	<i>decitabine</i>	5	B/D PA; MO
<i>carboplatin intravenous solution</i>	4	B/D PA; MO	<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml)</i>	3	B/D PA
CELLCEPT INTRAVENOUS	3	B/D PA; MO	<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml)</i>	3	B/D PA; MO
<i>cisplatin</i>	3	B/D PA; MO	<i>doxorubicin intravenous solution 50 mg/25 ml</i>	2	B/D PA; MO
<i>cladribine</i>	4	B/D PA; MO	<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO
<i>clofarabine</i>	3	B/D PA	DROXIA	3	MO
CLOLAR	4	B/D PA	ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML	4	B/D PA; MO
COMETRIQ	5	PA; MO	EMCYT	3	MO
COTELLIC	4	PA; MO; LA; QL (63 per 28 days)	EMPLICITI	4	B/D PA; MO
CYCLOPHOSPHA MIDE ORAL CAPSULE	3	B/D PA; MO	<i>epirubicin intravenous solution 200 mg/100 ml</i>	4	B/D PA; MO
<i>cyclosporine intravenous</i>	4	B/D PA			
<i>cyclosporine modified</i>	3	B/D PA; MO			
<i>cyclosporine oral capsule</i>	3	B/D PA; MO			

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	5	B/D PA; MO	<i>gengraf</i> oral capsule 100 mg, 25 mg	4	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (31 per 31 days)	<i>gengraf</i> oral solution	4	B/D PA; MO
ERLEADA	5	PA; MO	GILOTrif ORAL TABLET 20 MG	5	PA; MO; QL (62 per 31 days)
ERWINAZE	5	B/D PA; MO	GILOTrif ORAL TABLET 30 MG	5	PA; MO; QL (42 per 31 days)
ETOPOPHOS	4	B/D PA; MO	GILOTrif ORAL TABLET 40 MG	5	PA; MO; QL (31 per 31 days)
<i>etoposide</i> <i>intravenous</i>	2	B/D PA; MO	GLEOSTINE	3	MO
<i>exemestane</i>	3	MO	HALAVEN	3	B/D PA; MO
FARESTON	5	MO	HERCEPTIN	5	B/D PA; MO
FARYDAK ORAL CAPSULE 10 MG	5	PA; MO; QL (12 per 21 days)	HEXALEN	5	MO
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PA; MO; QL (6 per 21 days)	<i>hydroxyurea</i>	2	MO
FASLODEX	5	B/D PA; MO	IBRANCE	5	PA; MO; QL (21 per 28 days)
FIRMAGON KIT W DILUENT SYRINGE	4	B/D PA; MO	ICLUSIG ORAL TABLET 15 MG	5	PA; MO; QL (93 per 31 days)
<i>fludarabine</i> <i>intravenous recon</i> <i>soln</i>	3	B/D PA; MO	ICLUSIG ORAL TABLET 45 MG	5	PA; MO; QL (31 per 31 days)
<i>fluorouracil</i> <i>intravenous solution</i> <i>5 gram/100 ml</i>	4	B/D PA; MO	<i>idarubicin</i>	4	B/D PA
<i>flutamide</i>	4	MO	IDHIFA ORAL TABLET 100 MG	5	PA; MO; LA; QL (31 per 31 days)
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	5	B/D PA; MO	IDHIFA ORAL TABLET 50 MG	5	PA; MO; LA; QL (62 per 31 days)
<i>gemcitabine</i> <i>intravenous recon</i> <i>soln 1 gram</i>	3	B/D PA; MO	<i>ifosfamide</i> <i>intravenous recon</i> <i>soln 1 gram</i>	4	B/D PA; MO
			<i>imatinib</i> oral tablet 100 mg	5	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>imatinib oral tablet</i> 400 mg	5	PA; MO; QL (62 per 31 days)	JAKAFI ORAL TABLET 25 MG	5	PA; MO; QL (62 per 31 days)
IMBRUVIDA ORAL CAPSULE 140 MG	5	PA; MO; QL (124 per 31 days)	JEVTANA	4	B/D PA; MO
IMBRUVIDA ORAL CAPSULE 70 MG	5	PA; MO; QL (248 per 31 days)	KADCYLA	5	PA; MO
IMBRUVIDA ORAL TABLET 140 MG	5	PA; MO; QL (124 per 31 days)	KEYTRUDA INTRAVENOUS SOLUTION	5	PA; MO
IMBRUVIDA ORAL TABLET 280 MG	5	PA; MO; QL (62 per 31 days)	KISQALI	4	PA; MO
IMBRUVIDA ORAL TABLET 420 MG	5	PA; MO; QL (42 per 31 days)	KISQALI FEMARA CO-PACK	4	PA; MO
IMBRUVIDA ORAL TABLET 560 MG	5	PA; MO; QL (31 per 31 days)	KYPROLIS	5	B/D PA; MO
IMFINZI	4	B/D PA; MO; LA	LARTRUVO	5	B/D PA; MO; LA
INLYTA ORAL TABLET 1 MG	5	PA; MO	LENVIMA	5	PA; MO
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (124 per 31 days)	letrozole	2	MO
IRESSA	4	PA; MO; QL (31 per 31 days)	LEUKERAN	3	MO
<i>irinotecan intravenous solution</i> 100 mg/5 ml	4	B/D PA; MO	<i>leuprolide subcutaneous kit</i>	4	MO
ISTODAX	5	B/D PA; MO	LONSURF	5	PA; MO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	5	PA; MO	LUPRON DEPOT	5	PA; MO
			LUPRON DEPOT (3 MONTH)	5	PA; MO
			LUPRON DEPOT (4 MONTH)	5	PA; MO
			LUPRON DEPOT (6 MONTH)	5	PA; MO
			LUPRON DEPOT- PED (3 MONTH) INTRAMUSCULA R SYRINGE KIT 30 MG	5	PA; MO
			LUPRON DEPOT- PED INTRAMUSCULA R KIT 11.25 MG, 15 MG	5	PA; MO
			LYNPARZA	4	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
LYSODREN	3	MO	<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg</i>	2	B/D PA; MO
MATULANE	5	MO	<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 360 mg</i>	3	B/D PA; MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	4	PA; MO	MYLOTARG	4	B/D PA; MO; LA
<i>megestrol oral tablet</i>	4	PA; MO	NERLYNX	5	PA; MO; LA
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (124 per 31 days)	NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (31 per 31 days)	<i>nilutamide</i>	3	MO
<i>melphalan hcl</i>	3	B/D PA	NINLARO ORAL CAPSULE 2.3 MG	5	PA; MO; QL (6 per 28 days)
<i>mercaptopurine</i>	2	MO	NINLARO ORAL CAPSULE 3 MG	5	PA; MO; QL (4 per 28 days)
<i>methotrexate sodium</i>	3	B/D PA; MO	NINLARO ORAL CAPSULE 4 MG	5	PA; MO; QL (3 per 28 days)
<i>methotrexate sodium (pf) injection recon soln</i>	3	B/D PA	NIPENT	4	B/D PA; MO
<i>methotrexate sodium (pf) injection solution</i>	3	B/D PA; MO	NULOJIX	5	B/D PA; MO
<i>mitomycin intravenous</i>	4	B/D PA; MO	<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	MO
<i>mitoxantrone</i>	2	B/D PA; MO	<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	MO
MUSTARGEN	4	B/D PA; MO	ODOMZO	5	PA; MO; LA; QL (31 per 31 days)
<i>mycophenolate mofetil hcl</i>	3	B/D PA			
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO			
<i>mycophenolate mofetil oral suspension for reconstitution</i>	3	B/D PA; MO			
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO			

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	5	PA; MO	<i>sirolimus oral tablet</i> 0.5 mg	2	B/D PA; MO
<i>oxaliplatin</i> <i>intravenous recon</i> <i>soln 100 mg</i>	4	B/D PA; MO	<i>sirolimus oral tablet</i> 1 mg, 2 mg	3	B/D PA; MO
<i>oxaliplatin</i> <i>intravenous solution</i> 100 mg/20 ml	4	B/D PA; MO	SOLTAMOX	4	MO
<i>paclitaxel</i>	4	B/D PA; MO	SOMATULINE DEPOT	3	MO
PERJETA	5	B/D PA; MO	SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 80 MG	5	PA; MO
POMALYST	5	MO; LA	SPRYCEL ORAL TABLET 140 MG	5	PA; MO; QL (31 per 31 days)
PROGRAF INTRAVENOUS	3	B/D PA; MO	SPRYCEL ORAL TABLET 70 MG	5	PA; MO; QL (62 per 31 days)
PURIXAN	5	MO	STIVARGA	5	PA; MO; QL (84 per 28 days)
RAPAMUNE ORAL SOLUTION	5	B/D PA; MO	SUTENT ORAL CAPSULE 12.5 MG	5	PA; MO
REVLIMID	4	PA; MO; LA	SUTENT ORAL CAPSULE 25 MG, 37.5 MG	5	PA; MO; QL (62 per 31 days)
RITUXAN	5	PA; MO	SUTENT ORAL CAPSULE 50 MG	5	PA; MO; QL (31 per 31 days)
RUBRACA ORAL TABLET 200 MG	5	PA; MO; LA; QL (186 per 31 days)	SYLVANT	5	B/D PA; MO
RUBRACA ORAL TABLET 250 MG	5	PA; MO; LA; QL (155 per 31 days)	SYNRIBO	4	B/D PA; MO
RUBRACA ORAL TABLET 300 MG	5	PA; MO; LA; QL (124 per 31 days)	TABLOID	3	MO
RYDAPT	5	PA; MO	<i>tacrolimus oral</i>	3	B/D PA; MO
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO	TAFINLAR ORAL CAPSULE 50 MG	5	PA; MO; QL (186 per 31 days)
SIGNIFOR	5	PA; MO	TAFINLAR ORAL CAPSULE 75 MG	5	PA; MO; QL (124 per 31 days)
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
TAGRISSO ORAL TABLET 40 MG	5	PA; MO; LA; QL (62 per 31 days)	TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	4	B/D PA; MO
TAGRISSO ORAL TABLET 80 MG	5	PA; MO; LA; QL (31 per 31 days)	TYKERB	5	PA; MO; LA; QL (186 per 31 days)
<i>tamoxifen</i>	2	MO	VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	5	B/D PA; MO
TARCEVA ORAL TABLET 100 MG, 25 MG	5	PA; MO	VELCADE	5	B/D PA; MO
TARCEVA ORAL TABLET 150 MG	5	PA; MO; QL (31 per 31 days)	VENCLEXTA	4	PA; MO; LA
TARGRETIN TOPICAL	5	MO	VENCLEXTA STARTING PACK	4	PA; MO; LA; QL (42 per 28 days)
TASIGNA ORAL CAPSULE 150 MG, 50 MG	5	PA; MO	VERZENIO ORAL TABLET 100 MG	4	PA; MO; LA; QL (124 per 31 days)
TASIGNA ORAL CAPSULE 200 MG	5	PA; MO; QL (112 per 28 days)	VERZENIO ORAL TABLET 150 MG	4	PA; MO; LA; QL (83 per 31 days)
TECENTRIQ	5	B/D PA; MO; LA	VERZENIO ORAL TABLET 200 MG	4	PA; MO; LA; QL (62 per 31 days)
THALOMID	5	PA; MO	VERZENIO ORAL TABLET 50 MG	4	PA; MO; LA; QL (248 per 31 days)
<i>thiotepa</i>	5	B/D PA; MO	<i>vinblastine intravenous solution</i>	2	B/D PA; MO
<i>toposar</i>	4	B/D PA; MO	<i>vincasar pfs intravenous solution 1 mg/ml</i>	2	B/D PA
<i>topotecan intravenous recon soln</i>	4	B/D PA	<i>vincristine intravenous solution 1 mg/ml</i>	2	B/D PA; MO
TORISEL	5	B/D PA; MO	<i>vinorelbine intravenous solution 50 mg/5 ml</i>	3	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	4	B/D PA; MO			
TRELSTAR	5	B/D PA; MO			
<i>tretinoin (chemotherapy)</i>	3	MO			

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
VOTRIENT	5	PA; MO; QL (124 per 31 days)
VYXEOS	5	B/D PA; MO
XALKORI ORAL CAPSULE 200 MG	5	PA; MO
XALKORI ORAL CAPSULE 250 MG	5	PA; MO; QL (62 per 31 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; MO; LA; QL (93 per 31 days)
XTANDI	4	PA; MO; QL (124 per 31 days)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	3	B/D PA; MO
YONDELIS	5	B/D PA; MO
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	4	B/D PA; MO
ZANOSAR	4	B/D PA; MO
ZEJULA	5	PA; MO; LA; QL (93 per 31 days)
ZELBORAF	4	PA; MO; QL (248 per 31 days)
ZOLINZA	5	MO
ZORTRESS	5	B/D PA; MO
ZYDELIG	4	PA; MO; QL (93 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
ZYKADIA	5	PA; MO; QL (155 per 31 days)
ZYTIGA ORAL TABLET 250 MG	4	PA; MO; QL (124 per 31 days)
ZYTIGA ORAL TABLET 500 MG	5	PA; MO; QL (62 per 31 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	4	MO
APTIOM ORAL TABLET 600 MG	5	MO
BANZEL ORAL SUSPENSION	5	MO
BANZEL ORAL TABLET 200 MG	3	MO
BANZEL ORAL TABLET 400 MG	5	MO
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL	4	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	MO
<i>carbamazepine oral tablet</i>	4	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>carbamazepine oral tablet, chewable</i>	2	MO	<i>gabapentin oral solution 250 mg/5 ml</i>	4	MO; QL (2232 per 31 days)
<i>CELONTIN ORAL CAPSULE 300 MG</i>	3	MO	<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (186 per 31 days)
<i>clonazepam oral tablet</i>	2	PA; MO	<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (140 per 31 days)
<i>clonazepam oral tablet, disintegrating</i>	3	PA; MO	<i>GABITRIL ORAL TABLET 12 MG, 16 MG</i>	3	MO
<i>DIASTAT</i>	4	MO	<i>LAMICTAL STARTER (BLUE) KIT</i>	3	MO
<i>DIASTAT ACUDIAL</i>	4	MO	<i>LAMICTAL STARTER (GREEN) KIT</i>	3	MO
<i>DILANTIN 30 MG</i>	3	MO	<i>LAMICTAL STARTER (ORANGE) KIT</i>	3	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	MO	<i>lamotrigine oral tablet</i>	2	MO
<i>divalproex oral tablet extended release 24 hr</i>	4	MO	<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	MO	<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>epitol</i>	2	MO	<i>lamotrigine oral tablets, dose pack</i>	3	MO
<i>ethosuximide</i>	4	MO	<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	3	
<i>felbamate</i>	4	MO	<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	3	MO
<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	2	MO	<i>levetiracetam intravenous</i>	3	MO
<i>FYCOMPA ORAL SUSPENSION</i>	4	MO	<i>levetiracetam oral solution 100 mg/ml</i>	3	MO
<i>FYCOMPA ORAL TABLET</i>	4	MO			
<i>gabapentin oral capsule 100 mg</i>	2	MO; QL (1116 per 31 days)			
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (372 per 31 days)			
<i>gabapentin oral capsule 400 mg</i>	2	MO; QL (279 per 31 days)			

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam oral tablet</i>	2	MO	<i>phenytoin oral tablet, chewable</i>	2	MO
LYRICA ORAL CAPSULE 100 MG	3	MO; QL (186 per 31 days)	<i>phenytoin sodium extended</i>	2	MO
LYRICA ORAL CAPSULE 150 MG	3	MO; QL (124 per 31 days)	<i>phenytoin sodium intravenous solution</i>	2	MO
LYRICA ORAL CAPSULE 200 MG	3	MO; QL (93 per 31 days)	<i>primidone</i>	2	MO
LYRICA ORAL CAPSULE 225 MG	3	MO; QL (84 per 31 days)	<i>roweepr-a</i>	3	MO
LYRICA ORAL CAPSULE 25 MG	3	MO; QL (744 per 31 days)	SABRIL	5	MO; LA
LYRICA ORAL CAPSULE 300 MG	3	MO; QL (62 per 31 days)	SPRITAM	4	MO
LYRICA ORAL CAPSULE 50 MG	3	MO; QL (372 per 31 days)	<i>tiagabine oral tablet 12 mg, 16 mg</i>	3	MO
LYRICA ORAL CAPSULE 75 MG	3	MO; QL (248 per 31 days)	<i>tiagabine oral tablet 2 mg, 4 mg</i>	4	MO
LYRICA ORAL SOLUTION	3	MO; QL (930 per 31 days)	<i>topiramate oral capsule, sprinkle</i>	3	PA; MO
ONFI ORAL SUSPENSION	3	PA; MO	<i>topiramate oral tablet</i>	3	PA; MO
ONFI ORAL TABLET 10 MG	3	PA; MO	<i>valproate sodium</i>	2	MO
ONFI ORAL TABLET 20 MG	5	PA; MO	<i>valproic acid</i>	2	MO
<i>oxcarbazepine oral suspension</i>	3	MO	<i>valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)</i>	2	
<i>oxcarbazepine oral tablet</i>	2	MO	<i>vigabatrin</i>	3	MO; LA
PEGANONE	4	MO	VIMPAT INTRAVENOUS	4	
<i>phenobarbital oral elixir</i>	3	PA; MO	VIMPAT ORAL SOLUTION	4	MO
<i>phenobarbital oral tablet</i>	2	PA; MO	VIMPAT ORAL TABLET	4	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO	<i>zonisamide</i>	3	PA; MO
ANTIPARKINSONISM AGENTS					
APOKYN	5	MO; LA	<i>benztropine injection</i>	4	MO
<i>benztropine oral</i>	3	PA; MO	<i>benztropine oral</i>	3	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
bromocriptine	4	MO
carbidopa	5	MO
carbidopa-levodopa oral tablet	2	MO
carbidopa-levodopa oral tablet extended release	2	MO
carbidopa-levodopa oral tablet,disintegrating	4	MO
entacapone	3	MO
NEUPRO	4	MO
pramipexole oral tablet	2	MO
rasagiline	2	MO
ropinirole oral tablet	2	MO
selegiline hcl	2	MO
ZELAPAR	4	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
dihydroergotamine injection	2	MO
ergotamine-caffeine	3	MO
migergot	4	MO
naratriptan	4	MO; QL (18 per 28 days)
rizatriptan	4	MO; QL (36 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	4	MO; QL (18 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	4	MO; QL (36 per 28 days)
sumatriptan succinate oral	2	MO; QL (18 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
sumatriptan succinate subcutaneous cartridge	3	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector	3	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous solution	3	MO; QL (8 per 28 days)
zolmitriptan	2	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	5	PA; MO; LA
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
donepezil oral tablet 10 mg, 5 mg	1	MO
donepezil oral tablet,disintegrating	1	MO
galantamine oral capsule,ext rel. pellets 24 hr	3	MO
galantamine oral solution	4	MO
galantamine oral tablet	4	MO
glatiramer subcutaneous syringe 20 mg/ml	5	PA; MO; QL (30 per 30 days)
glatopa subcutaneous syringe 20 mg/ml	5	PA; MO; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits	
<i>memantine oral capsule,sprinkle,er 24hr</i>	3	PA; MO	MESTINON ORAL SYRUP	5	MO	
<i>memantine oral solution</i>	3	PA; MO	<i>pyridostigmine bromide</i>	3	MO	
<i>memantine oral tablet</i>	3	PA; MO	<i>tizanidine oral tablet</i>	2	MO	
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; MO	NARCOTIC ANALGESICS			
NAMENDA TITRATION PAK	3	PA; MO	<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4650 per 31 days)	
NAMENDA XR	3	PA; MO	<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (372 per 31 days)	
NAMZARIC	3	PA; MO	<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (186 per 31 days)	
NUEDEXTA	3	PA; MO	<i>buprenorphine hcl injection solution</i>	4	MO; QL (275 per 31 days)	
RADICAVA	5	PA; MO	<i>buprenorphine hcl injection syringe</i>	4	QL (275 per 31 days)	
<i>rivastigmine</i>	3	MO	<i>buprenorphine hcl sublingual</i>	3	MO	
<i>rivastigmine tartrate</i>	4	MO	BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR	4	PA; MO; QL (4 per 28 days)	
TECFIDERA	5	PA; MO; LA	BUTRANS TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	4	PA; MO; QL (4 per 28 days)	
<i>tetrabenazine</i>	5	PA; MO	<i>codeine sulfate oral tablet</i>	4	MO; QL (186 per 31 days)	
TYSABRI	5	PA; MO; LA	<i>duramorph (pf) injection solution 0.5 mg/ml</i>	4	MO; QL (4000 per 30 days)	
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY						
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	MO				
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO				
<i>dantrolene</i>	4	MO				
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML	5	B/D PA; MO				
LIORESAL INTRATHECAL SOLUTION 500 MCG/ML	3	B/D PA; MO				

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>duramorph (pf) injection solution 1 mg/ml</i>	4	QL (2000 per 30 days)	<i>methadone oral solution 5 mg/5 ml</i>	4	PA; MO; QL (1240 per 31 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (372 per 31 days)	<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (124 per 31 days)
<i>fentanyl citrate</i>	3	PA; MO; QL (124 per 31 days)	<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (248 per 31 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	3	PA; MO; QL (10 per 30 days)	<i>morphine concentrate oral solution</i>	4	MO; QL (930 per 31 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QL (5735 per 31 days)	<i>morphine intravenous syringe 2 mg/ml</i>	4	QL (1034 per 31 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	4	MO; QL (372 per 31 days)	<i>morphine intravenous syringe 4 mg/ml</i>	4	QL (517 per 31 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	4	MO; QL (52 per 31 days)	<i>morphine oral solution</i>	4	MO; QL (930 per 31 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	4	MO; QL (248 per 31 days)	<i>morphine oral tablet</i>	2	MO; QL (186 per 31 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	4	QL (1240 per 31 days)	<i>morphine oral tablet extended release 100 mg</i>	3	PA; MO; QL (62 per 31 days)
<i>hydromorphone oral liquid</i>	2	MO; QL (2480 per 31 days)	<i>morphine oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg</i>	3	PA; MO; QL (124 per 31 days)
<i>hydromorphone oral tablet</i>	4	MO; QL (186 per 31 days)	<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (372 per 31 days)
<i>methadone injection solution</i>	4	QL (155 per 31 days)	<i>oxycodone-aspirin</i>	4	MO; QL (372 per 31 days)
<i>methadone oral solution 10 mg/5 ml</i>	4	PA; MO; QL (620 per 31 days)	<i>oxymorphone oral tablet extended release 12 hr</i>	3	PA; MO; QL (93 per 31 days)

NON-NARCOTIC ANALGESICS

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits	
butorphanol tartrate nasal	2	MO; QL (10 per 28 days)	naproxen oral tablet, delayed release (dr/ec)	2	MO	
celecoxib	4	MO	NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO; QL (2 per 28 days)	
diclofenac potassium	2	MO	piroxicam	4	MO	
diclofenac sodium oral	2	MO	profeno	3		
diclofenac sodium topical drops	2	MO; QL (300 per 28 days)	SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (62 per 31 days)	
diclofenac sodium topical gel 1 %	2	MO; QL (1000 per 28 days)	SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (372 per 31 days)	
diflunisal	4	MO	SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; QL (93 per 31 days)	
fenoprofen oral tablet	4	MO	sulindac	1	MO	
flurbiprofen	2	MO	tolmetin oral capsule	4	MO	
ibu oral tablet 600 mg, 800 mg	1	MO	tolmetin oral tablet 600 mg	4	MO	
ibuprofen oral suspension	2	MO	tramadol oral tablet	2	MO; QL (248 per 31 days)	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO	PSYCHOTHERAPEUTIC DRUGS			
ketoprofen oral capsule	2	MO	ABILIFY MAINTENA	5	MO	
ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg	4	MO	amitriptyline	2	PA; MO	
meclofenamate	4	MO	amoxapine	2	MO	
mefenamic acid	4	MO	ariPIPRAZOLE oral solution	5	PA; MO	
meloxicam oral tablet 15 mg	1	MO	ariPIPRAZOLE oral tablet 10 mg	3	PA; MO; QL (93 per 31 days)	
meloxicam oral tablet 7.5 mg	1	MO; QL (31 per 31 days)	ariPIPRAZOLE oral tablet 15 mg	3	PA; MO; QL (62 per 31 days)	
naloxone	2	MO				
naltrexone	4	MO				
naproxen oral suspension	2	MO				
naproxen oral tablet	1	MO				

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
aripiprazole oral tablet 2 mg	3	PA; MO; QL (465 per 31 days)	citalopram oral solution	2	MO
aripiprazole oral tablet 20 mg	5	PA; MO; QL (62 per 31 days)	citalopram oral tablet 10 mg	1	MO; QL (124 per 31 days)
aripiprazole oral tablet 30 mg	5	PA; MO; QL (31 per 31 days)	citalopram oral tablet 20 mg	1	MO; QL (62 per 31 days)
aripiprazole oral tablet 5 mg	3	PA; MO; QL (186 per 31 days)	citalopram oral tablet 40 mg	1	MO; QL (31 per 31 days)
aripiprazole oral tablet,disintegrating 10 mg	3	PA; MO; QL (93 per 31 days)	clomipramine	4	PA; MO
aripiprazole oral tablet,disintegrating 15 mg	3	PA; MO; QL (62 per 31 days)	clorazepate dipotassium	4	PA; MO
ARISTADA	4	MO	clozapine oral tablet	3	MO
atomoxetine	3	MO	clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	4	
bupropion hcl oral tablet	2	MO	desipramine	4	MO
bupropion hcl oral tablet extended release 12 hr 100 mg	3	MO; QL (124 per 31 days)	desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	3	MO; QL (124 per 31 days)
bupropion hcl oral tablet extended release 12 hr 150 mg	3	MO; QL (93 per 31 days)	desvenlafaxine succinate oral tablet extended release 24 hr 25 mg	3	MO; QL (496 per 31 days)
bupropion hcl oral tablet extended release 12 hr 200 mg	3	MO; QL (62 per 31 days)	desvenlafaxine succinate oral tablet extended release 24 hr 50 mg	3	MO; QL (248 per 31 days)
bupropion hcl oral tablet extended release 24 hr 150 mg	2	MO; QL (93 per 31 days)	dextroamphetamine-amphetamine oral capsule,extended release 24hr	3	MO
bupropion hcl oral tablet extended release 24 hr 300 mg	2	MO; QL (62 per 31 days)	diazepam intensol	2	PA; MO
buspirone	2	MO	diazepam oral solution 5 mg/5 ml (1 mg/ml)	2	PA; MO
chlorpromazine	4	MO	diazepam oral tablet	2	PA; MO
			doxepin oral	4	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
duloxetine oral capsule, delayed release(dr/ec) 20 mg	3	MO; QL (186 per 31 days)	FANAPT ORAL TABLETS,DOSE PACK	4	PA; MO; QL (8 per 28 days)
duloxetine oral capsule, delayed release(dr/ec) 30 mg	3	MO; QL (124 per 31 days)	FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	4	
duloxetine oral capsule, delayed release(dr/ec) 40 mg	3	MO; QL (93 per 31 days)	FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	ST; MO; QL (28 per 28 days)
duloxetine oral capsule, delayed release(dr/ec) 60 mg	3	MO; QL (62 per 31 days)	FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG	4	ST; MO; QL (31 per 31 days)
EMSAM	4	MO	FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	4	ST; MO; QL (186 per 31 days)
escitalopram oxalate oral solution	4	MO	FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	4	ST; MO; QL (93 per 31 days)
escitalopram oxalate oral tablet 10 mg	1	MO; QL (62 per 31 days)	FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 80 MG	4	ST; MO; QL (47 per 31 days)
escitalopram oxalate oral tablet 20 mg	1	MO; QL (31 per 31 days)	fluoxetine oral capsule 10 mg	1	MO; QL (248 per 31 days)
escitalopram oxalate oral tablet 5 mg	1	MO; QL (124 per 31 days)	fluoxetine oral capsule 20 mg	1	MO
FANAPT ORAL TABLET 1 MG	4	PA; MO; QL (744 per 31 days)	fluoxetine oral capsule 40 mg	1	MO; QL (62 per 31 days)
FANAPT ORAL TABLET 10 MG, 8 MG	4	PA; MO; QL (93 per 31 days)	fluoxetine oral solution	2	MO
FANAPT ORAL TABLET 12 MG	4	PA; MO; QL (62 per 31 days)	fluoxetine oral tablet 10 mg	2	MO; QL (248 per 31 days)
FANAPT ORAL TABLET 2 MG	4	PA; MO; QL (372 per 31 days)	fluoxetine oral tablet 20 mg, 60 mg	2	MO
FANAPT ORAL TABLET 4 MG	4	PA; MO; QL (186 per 31 days)			
FANAPT ORAL TABLET 6 MG	4	PA; MO; QL (124 per 31 days)			

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
fluphenazine decanoate	4	MO	INVEGA	5	MO
fluphenazine hcl injection	4	MO	SUSTENNA		
fluphenazine hcl oral concentrate	2	MO	INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML		
fluphenazine hcl oral elixir	4	MO	INVEGA	3	MO
fluphenazine hcl oral tablet	2	MO	SUSTENNA		
fluvoxamine oral tablet 100 mg	4	MO; QL (93 per 31 days)	INTRAMUSCULAR SYRINGE 39 MG/0.25 ML		
fluvoxamine oral tablet 25 mg	4	MO; QL (372 per 31 days)	INVEGA TRINZA	5	MO
fluvoxamine oral tablet 50 mg	4	MO; QL (186 per 31 days)	LATUDA ORAL TABLET 120 MG	5	PA; MO; QL (31 per 31 days)
GEODON INTRAMUSCULAR R	4	MO	LATUDA ORAL TABLET 20 MG	5	PA; MO; QL (248 per 31 days)
guanfacine oral tablet extended release 24 hr	3	MO	LATUDA ORAL TABLET 40 MG	5	PA; MO; QL (124 per 31 days)
haloperidol	2	MO	LATUDA ORAL TABLET 60 MG, 80 MG	5	PA; MO; QL (62 per 31 days)
haloperidol decanoate	4	MO	lithium carbonate	1	MO
haloperidol lactate injection	2	MO	lithium citrate oral solution 8 meq/5 ml	2	MO
haloperidol lactate intramuscular	2		lorazepam oral concentrate	3	PA; MO
haloperidol lactate oral	2	MO	lorazepam oral tablet	2	PA; MO
HETLIOZ	5	PA; MO; QL (31 per 31 days)	loxpipamine succinate	2	MO
imipramine hcl	4	PA; MO	maprotiline	2	MO
imipramine pamoate	4	PA; MO	MARPLAN	3	MO
			methylphenidate hcl oral capsule, er biphasic 30-70	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 30 mg, 60 mg</i>	3	MO	<i>olanzapine oral tablet,disintegrating 15 mg, 20 mg</i>	4	PA; MO; QL (31 per 31 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 40 mg</i>	4	MO	<i>olanzapine oral tablet,disintegrating 5 mg</i>	4	PA; MO; QL (124 per 31 days)
<i>methylphenidate hcl oral solution</i>	4	MO	<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	3	PA; MO; QL (248 per 31 days)
<i>methylphenidate hcl oral tablet</i>	2	MO	<i>paliperidone oral tablet extended release 24hr 3 mg</i>	3	PA; MO; QL (124 per 31 days)
<i>mirtazapine</i>	2	MO	<i>paliperidone oral tablet extended release 24hr 6 mg</i>	3	PA; MO; QL (62 per 31 days)
<i>modafinil</i>	3	PA; MO	<i>paliperidone oral tablet extended release 24hr 9 mg</i>	3	PA; MO; QL (42 per 31 days)
<i>nefazodone</i>	4	MO	<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QL (186 per 31 days)
<i>nortriptyline</i>	2	MO	<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QL (93 per 31 days)
<i>NUPLAZID</i>	4	MO	<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (62 per 31 days)
<i>olanzapine intramuscular</i>	4	MO	<i>paroxetine hcl oral tablet 40 mg</i>	1	MO; QL (47 per 31 days)
<i>olanzapine oral tablet 10 mg</i>	3	PA; MO; QL (62 per 31 days)	<i>PAXIL ORAL SUSPENSION</i>	3	MO
<i>olanzapine oral tablet 15 mg, 20 mg</i>	3	PA; MO; QL (31 per 31 days)	<i>perphenazine</i>	4	MO
<i>olanzapine oral tablet 2.5 mg</i>	3	PA; MO; QL (248 per 31 days)	<i>phenelzine</i>	4	MO
<i>olanzapine oral tablet 5 mg</i>	3	PA; MO; QL (124 per 31 days)	<i>pimozide</i>	4	MO
<i>olanzapine oral tablet 7.5 mg</i>	3	PA; MO; QL (83 per 31 days)	<i>protriptyline</i>	4	MO
<i>olanzapine oral tablet,disintegrating 10 mg</i>	4	PA; MO; QL (62 per 31 days)	<i>quetiapine oral tablet 100 mg</i>	2	PA; MO; QL (248 per 31 days)
			<i>quetiapine oral tablet 200 mg</i>	2	PA; MO; QL (124 per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
quetiapine oral tablet 25 mg	2	PA; MO; QL (932 per 31 days)	REXULTI ORAL TABLET 3 MG	4	PA; MO; QL (42 per 31 days)
quetiapine oral tablet 300 mg	2	PA; MO; QL (83 per 31 days)	REXULTI ORAL TABLET 4 MG	4	PA; MO; QL (31 per 31 days)
quetiapine oral tablet 400 mg	2	PA; MO; QL (62 per 31 days)	RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	MO
quetiapine oral tablet 50 mg	2	PA; MO; QL (496 per 31 days)	RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	MO
quetiapine oral tablet extended release 24 hr 150 mg	4	PA; MO; QL (166 per 31 days)	risperidone oral solution	4	MO; QL (496 per 31 days)
quetiapine oral tablet extended release 24 hr 200 mg	4	PA; MO; QL (124 per 31 days)	risperidone oral tablet 0.25 mg	2	PA; MO; QL (1984 per 31 days)
quetiapine oral tablet extended release 24 hr 300 mg	4	PA; MO; QL (83 per 31 days)	risperidone oral tablet 0.5 mg	2	PA; MO; QL (992 per 31 days)
quetiapine oral tablet extended release 24 hr 400 mg	4	PA; MO; QL (62 per 31 days)	risperidone oral tablet 1 mg	2	PA; MO; QL (496 per 31 days)
quetiapine oral tablet extended release 24 hr 50 mg	4	PA; MO; QL (496 per 31 days)	risperidone oral tablet 2 mg	2	PA; MO; QL (248 per 31 days)
REXULTI ORAL TABLET 0.25 MG	4	PA; MO; QL (496 per 31 days)	risperidone oral tablet 3 mg	2	PA; MO; QL (166 per 31 days)
REXULTI ORAL TABLET 0.5 MG	4	PA; MO; QL (248 per 31 days)	risperidone oral tablet 4 mg	2	PA; MO; QL (124 per 31 days)
REXULTI ORAL TABLET 1 MG	4	PA; MO; QL (124 per 31 days)	risperidone oral tablet,disintegrating 0.25 mg	4	PA; MO; QL (1984 per 31 days)
REXULTI ORAL TABLET 2 MG	4	PA; MO; QL (62 per 31 days)			

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
risperidone oral tablet,disintegrating 0.5 mg	4	PA; MO; QL (992 per 31 days)
risperidone oral tablet,disintegrating 1 mg	4	PA; MO; QL (496 per 31 days)
risperidone oral tablet,disintegrating 2 mg	4	PA; MO; QL (248 per 31 days)
risperidone oral tablet,disintegrating 3 mg	4	PA; MO; QL (166 per 31 days)
risperidone oral tablet,disintegrating 4 mg	4	PA; MO; QL (124 per 31 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG	3	MO
ROZEREM	3	MO; QL (31 per 31 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	5	PA; MO; QL (62 per 31 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	5	PA; MO; QL (248 per 31 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	5	PA; MO; QL (124 per 31 days)
sertraline oral concentrate	4	MO
sertraline oral tablet 100 mg	1	MO; QL (62 per 31 days)
sertraline oral tablet 25 mg	1	MO; QL (248 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
sertraline oral tablet 50 mg	1	MO; QL (124 per 31 days)
thioridazine	4	MO
thiothixene	1	MO
tranylcypromine	4	MO
trazodone	2	MO
trifluoperazine	2	MO
trimipramine	4	PA; MO
TRINTELLIX ORAL TABLET 10 MG	4	MO; QL (62 per 31 days)
TRINTELLIX ORAL TABLET 20 MG	4	MO; QL (31 per 31 days)
TRINTELLIX ORAL TABLET 5 MG	4	MO; QL (124 per 31 days)
venlafaxine oral capsule,extended release 24hr 150 mg	2	MO; QL (62 per 31 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg	2	MO; QL (186 per 31 days)
venlafaxine oral capsule,extended release 24hr 75 mg	2	MO; QL (93 per 31 days)
venlafaxine oral tablet 100 mg, 75 mg	2	MO; QL (93 per 31 days)
venlafaxine oral tablet 25 mg	2	MO; QL (279 per 31 days)
venlafaxine oral tablet 37.5 mg	2	MO; QL (186 per 31 days)
venlafaxine oral tablet 50 mg	2	MO; QL (155 per 31 days)
VERSACLOZ	5	
VIIBRYD ORAL TABLET 10 MG	3	MO; QL (124 per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
VIIBRYD ORAL TABLET 20 MG	3	MO; QL (62 per 31 days)	ziprasidone hcl oral capsule 80 mg	4	PA; MO; QL (62 per 31 days)
VIIBRYD ORAL TABLET 40 MG	3	MO; QL (31 per 31 days)	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION N 210 MG	4	MO
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 180 days)			
VRAYLAR ORAL CAPSULE 1.5 MG	5	PA; MO; QL (124 per 31 days)			
VRAYLAR ORAL CAPSULE 3 MG	5	PA; MO; QL (62 per 31 days)	CARDIOVASCULAR, HYPERTENSION / LIPIDS		
VRAYLAR ORAL CAPSULE 4.5 MG	5	PA; MO; QL (42 per 31 days)	ANTIARRHYTHMIC AGENTS		
VRAYLAR ORAL CAPSULE 6 MG	5	PA; MO; QL (31 per 31 days)	amiodarone intravenous solution	2	B/D PA; MO
VRAYLAR ORAL CAPSULE,DOSE PACK	3	PA; MO; QL (7 per 30 days)	amiodarone oral tablet 100 mg, 200 mg	2	MO
XYREM	5	PA; MO; LA	amiodarone oral tablet 400 mg	4	MO
zaleplon oral capsule 10 mg	3	ST; MO; QL (62 per 31 days)	dofetilide	3	MO
zaleplon oral capsule 5 mg	3	ST; MO; QL (31 per 31 days)	flecainide	2	MO
ziprasidone hcl oral capsule 20 mg	4	PA; MO; QL (248 per 31 days)	mexiletine	2	MO
ziprasidone hcl oral capsule 40 mg	4	PA; MO; QL (124 per 31 days)	pacerone oral tablet 100 mg	4	MO
ziprasidone hcl oral capsule 60 mg	4	PA; MO; QL (83 per 31 days)	pacerone oral tablet 200 mg	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>propafenone oral tablet 300 mg</i>	4	MO	<i>chlorothiazide sodium</i>	2	MO
<i>quinidine gluconate oral</i>	4	MO	<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO	<i>clonidine</i>	4	MO; QL (4 per 28 days)
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO	<i>clonidine hcl oral tablet</i>	1	MO
<i>sorine oral tablet 240 mg</i>	2		<i>DEMSEER</i>	4	MO
<i>sotalol af oral tablet 120 mg</i>	2	MO	<i>diltiazem hcl intravenous</i>	4	
<i>sotalol oral tablet 160 mg, 80 mg</i>	2	MO	<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i>	3	MO
<i>sotalol oral tablet 240 mg</i>	4	MO	<i>diltiazem hcl oral tablet</i>	2	MO
SOTYLIZE	3	MO	<i>dilt-xr</i>	3	MO
ANTIHYPERTENSIVE THERAPY					
<i>acebutolol</i>	2	MO	<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (31 per 31 days)
<i>amiloride</i>	2	MO	<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (62 per 31 days)
<i>amiloride-hydrochlorothiazide</i>	1	MO	<i>EDARBI</i>	4	MO
<i>amlodipine</i>	1	MO	<i>EDARBYCLOR</i>	4	MO
<i>atenolol</i>	1	MO	<i>enalapril maleate</i>	1	MO
<i>benazepril</i>	1	MO	<i>enalapril-hydrochlorothiazide</i>	1	MO
BIDIL	3	MO	<i>eplerenone</i>	4	MO
<i>bisoprolol fumarate</i>	2	MO	<i>eprosartan</i>	4	MO
<i>bumetanide injection</i>	4	MO	<i>ethacrynic acid</i>	4	MO
<i>bumetanide oral</i>	1	MO	<i>furosemide injection</i>	4	MO
BYSTOLIC	4	MO	<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>candesartan</i>	2	MO	<i>furosemide oral tablet</i>	1	MO
<i>cartia xt</i>	3	MO			
<i>carvedilol</i>	1	MO			
<i>chlorothiazide</i>	1	MO			

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
hydralazine injection	4	MO	propranolol oral solution	2	MO
hydralazine oral	2	MO	propranolol oral tablet	1	MO
hydrochlorothiazide	1	MO	propranolol-hydrochlorothiazide	4	MO
indapamide	1	MO	REMODULIN	5	PA; MO; LA
irbesartan	1	MO	spironolactone	1	MO
irbesartan-hydrochlorothiazide	4	MO	spironolacton-hydrochlorothiazide	1	MO
labetalol oral	2	MO	telmisartan-amlodipine	2	MO
lisinopril	1	MO	terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (31 per 31 days)
lisinopril-hydrochlorothiazide	1	MO	terazosin oral capsule 10 mg	1	MO; QL (62 per 31 days)
losartan	2	MO	timolol maleate oral	4	MO
losartan-hydrochlorothiazide	2	MO	torsemide oral	2	MO
methyclothiazide	4	MO	timaterene-hydrochlorothiazide oral capsule 37.5-25 mg	1	MO
methyldopa	4	MO	timaterene-hydrochlorothiazide oral tablet	1	MO
metolazone	2	MO	UPTRAVI	5	PA; MO; LA
metoprolol succinate	2	MO	valsartan	4	MO
metoprolol tartrate intravenous solution	2	MO	valsartan-hydrochlorothiazide	4	MO
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	MO	verapamil intravenous solution	2	MO
minoxidil oral	2	MO	verapamil oral capsule, 24 hr er pellet ct	2	MO
nicardipine oral	2	MO	verapamil oral capsule, ext rel. pellets 24 hr	2	MO
nimodipine	3	MO			
olmesartan	2	MO			
pindolol	4	MO			
prazosin	2	MO			
propranolol intravenous	2				
propranolol oral capsule, extended release 24 hr	4	MO			

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
verapamil oral tablet	1	MO
verapamil oral tablet extended release	2	MO
CARDIAC GLYCOSIDES		
digitek	3	MO
digox	2	MO
digoxin oral solution 50 mcg/ml	2	MO
digoxin oral tablet	2	MO
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	3	MO
COAGULATION THERAPY		
BRILINTA	3	MO
cilostazol	2	MO
clopidogrel oral tablet 75 mg	2	MO
dipyridamole oral	4	MO
ELIQUIS	3	MO
enoxaparin	4	MO
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	5	MO
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	3	MO
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	4	

Drug Name	Drug Tier	Requirements /Limits
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	4	MO
heparin (porcine) injection solution	4	MO
jantoven	1	MO
pentoxifylline	2	MO
prasugrel	3	MO
PROMACTA	5	PA; MO; LA
tranexamic acid intravenous	4	MO
warfarin	1	MO
XARELTO	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
atorvastatin	1	MO; QL (31 per 31 days)
cholestyramine (with sugar) oral powder in packet	3	MO
cholestyramine light oral powder	3	MO
colesevelam	3	MO
colestipol oral packet	3	MO
colestipol oral tablet	2	MO
ezetimibe	3	MO
ezetimibe-simvastatin	3	MO; QL (31 per 31 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>fenofibrate nanocrystallized</i>	3	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	3	MO
<i>fenofibric acid (choline)</i>	2	MO
<i>gemfibrozil</i>	2	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (31 per 31 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (62 per 31 days)
<i>NIACOR</i>	3	MO
<i>PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML</i>	5	PA; MO; QL (2 per 28 days)
<i>PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML</i>	5	PA; MO; QL (4 per 28 days)
<i>pravastatin</i>	1	MO; QL (31 per 31 days)
<i>prevalite oral powder in packet</i>	3	MO
<i>REPATHA</i>	5	PA; MO; QL (3 per 28 days)
<i>REPATHA PUSHTRONEX</i>	5	PA; MO; QL (3.5 per 28 days)
<i>REPATHA SURECLICK</i>	5	PA; MO; QL (3 per 28 days)
<i>rosuvastatin</i>	3	MO; QL (31 per 31 days)
<i>simvastatin</i>	1	MO; QL (31 per 31 days)
<i>VASCEPA</i>	3	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		

Drug Name	Drug Tier	Requirements /Limits
<i>CORLANOR</i>	3	PA; MO
<i>ENTRESTO</i>	3	MO; QL (62 per 31 days)
<i>RANEXA</i>	4	MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 5 mg</i>	4	MO
<i>isosorbide dinitrate oral tablet 30 mg</i>	2	MO
<i>isosorbide dinitrate oral tablet extended release</i>	4	
<i>isosorbide mononitrate</i>	2	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray,non-aerosol</i>	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	5	MO
<i>calcipotriene scalp</i>	3	MO
<i>calcipotriene topical</i>	4	MO
<i>calcitriol topical</i>	4	MO
<i>selenium sulfide topical lotion</i>	2	MO
BURN THERAPY		
<i>silver sulfadiazine</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
ssd	2	MO
MISCELLANEOUS DERMATOLOGICALS		
ammonium lactate	2	MO
diclofenac sodium topical gel 3 %	5	PA; MO; QL (100 per 28 days)
DUPIXENT	5	PA; MO
fluorouracil topical cream 5 %	3	MO
fluorouracil topical solution	3	MO
imiquimod	3	MO
methoxsalen	5	MO
PANRETIN	4	MO
podofilox	4	MO
REGRANEX	5	MO
tacrolimus topical	3	PA; MO; QL (100 per 30 days)
VALCHLOR	5	MO
THERAPY FOR ACNE		
adapalene topical cream	4	PA; MO
adapalene topical gel	4	PA; MO
adapalene-benzoyl peroxide	3	PA; MO
claravis	4	MO
clindamycin phosphate topical foam	4	MO
clindamycin phosphate topical gel	4	MO

Drug Name	Drug Tier	Requirements /Limits
clindamycin phosphate topical lotion	4	MO
clindamycin phosphate topical solution	2	MO
clindamycin phosphate topical swab	2	MO
clindamycin-benzoyl peroxide topical gel	4	MO
dapsone topical	3	MO
ery pads	4	MO
erygel	2	MO
erythromycin with ethanol topical gel	2	MO
erythromycin with ethanol topical solution	2	MO
erythromycin-benzoyl peroxide	4	MO
isotretinoin	3	
metronidazole topical cream	4	MO
metronidazole topical gel 0.75 %	4	MO
metronidazole topical gel 1 %	2	MO
metronidazole topical lotion	4	MO
neuac	4	MO
tazarotene	3	PA; MO
TAZORAC	3	PA; MO
tretinoin microspheres topical gel	4	PA; MO
tretinoin topical	3	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
TOPICAL ANESTHETICS		
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i>	4	MO
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	4	MO
<i>lidocaine hcl mucous membrane jelly</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch, medicated</i>	2	PA; MO
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	3	MO; QL (30 per 30 days)
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	2	MO
<i>mupirocin</i>	2	MO
<i>sulfacetamide sodium (acne)</i>	4	MO
SULFAMYLYON TOPICAL CREAM	3	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	4	MO
<i>ciclopirox topical gel</i>	4	MO
<i>ciclopirox topical shampoo</i>	4	MO
<i>ciclopirox topical solution</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ciclopirox topical suspension</i>	4	MO
<i>clotrimazole topical</i>	2	MO
<i>ketoconazole topical cream</i>	2	MO
<i>ketoconazole topical shampoo</i>	2	MO
<i>nyamyc</i>	4	MO
<i>nystatin topical</i>	2	MO
<i>nystatin-triamcinolone</i>	4	MO
<i>nystop</i>	4	MO
TOPICAL CORTICOSTEROIDS		
<i>alclometasone topical cream</i>	4	MO
<i>alclometasone topical ointment</i>	2	MO
<i>amcinonide topical cream</i>	4	MO
<i>amcinonide topical lotion</i>	4	MO
<i>amcinonide topical ointment</i>	4	
<i>betamethasone dipropionate</i>	4	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical foam</i>	4	MO
<i>betamethasone valerate topical lotion</i>	4	MO
<i>betamethasone valerate topical ointment</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone, augmented topical cream</i>	2	MO	<i>hydrocortisone butyrate topical ointment</i>	2	MO
<i>betamethasone, augmented topical gel</i>	4	MO	<i>hydrocortisone butyrate topical solution</i>	2	MO
<i>betamethasone, augmented topical lotion</i>	4	MO	<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>betamethasone, augmented topical ointment</i>	4	MO	<i>hydrocortisone topical lotion 2.5 %</i>	4	MO
<i>clobetasol-emollient topical cream</i>	2	MO; QL (120 per 28 days)	<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>fluocinolone and shower cap</i>	4	MO	<i>hydrocortisone valerate topical cream</i>	2	MO
<i>fluocinolone topical cream</i>	4	MO	<i>hydrocortisone valerate topical ointment</i>	4	MO
<i>fluocinolone topical ointment</i>	4	MO	<i>mometasone topical</i>	2	MO
<i>fluocinolone topical solution</i>	4	MO	<i>prednicarbate</i>	4	MO
<i>fluocinonide topical gel</i>	2	MO; QL (120 per 30 days)	<i>triamcinolone acetonide topical cream</i>	2	MO
<i>fluocinonide topical ointment</i>	2	MO; QL (120 per 30 days)	<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)	<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>fluocinonide-e</i>	2	MO; QL (120 per 30 days)	<i>trianex</i>	4	MO
<i>fluticasone topical cream</i>	2	MO	<i>triderm topical cream 0.1 %</i>	2	MO
<i>fluticasone topical ointment</i>	2	MO	TOPICAL ENZYMES		
<i>hydrocortisone butyrate topical cream</i>	4	MO	SANTYL	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
EURAX	3	MO
<i>lindane topical shampoo</i>	4	MO
<i>malathion</i>	4	MO
NATROBA	4	MO
<i>permethrin topical cream</i>	4	MO
SKLICE	3	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS

MISCELLANEOUS AGENTS

<i>acamprosate</i>	2	MO
ADAGEN	5	MO
<i>alendronate oral tablet 40 mg</i>	2	MO; QL (31 per 31 days)
<i>anagrelide oral capsule 0.5 mg</i>	2	MO
<i>anagrelide oral capsule 1 mg</i>	3	MO
AURYXIA	4	MO
CARBAGLU	5	MO; LA
CHEMET	3	PA; MO
<i>d10 %-0.45 % sodium chloride</i>	3	
<i>d2.5 %-0.45 % sodium chloride</i>	3	
<i>d5 % and 0.9 % sodium chloride</i>	3	MO
<i>d5 %-0.45 % sodium chloride</i>	3	MO
<i>dextrose 10 % and 0.2 % nacl</i>	3	
<i>dextrose 10 % in water (d10w)</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	3	MO
<i>dextrose 5 %-lactated ringers</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride</i>	3	
<i>dextrose 5%-0.3 % sod.chloride</i>	3	
<i>dextrose with sodium chloride</i>	3	
<i>disulfiram</i>	4	MO
FERRIPROX ORAL TABLET	5	PA; MO
INCRELEX	5	MO; LA
JADENU	4	PA; MO
JADENU SPRINKLE	4	PA; MO
<i>kionex (with sorbitol)</i>	4	MO
<i>lanthanum</i>	3	MO
<i>levocarnitine (with sugar)</i>	4	MO
<i>levocarnitine oral tablet</i>	4	MO
<i>midodrine oral tablet 10 mg, 5 mg</i>	4	MO
<i>midodrine oral tablet 2.5 mg</i>	2	MO
NORTHERA	5	PA; MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	LA
ORFADIN ORAL CAPSULE 20 MG	5	MO
ORFADIN ORAL SUSPENSION	5	MO; LA

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
pilocarpine hcl oral	3	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; MO; LA
RAVICTI	5	MO
RENVELA ORAL TABLET	5	MO
riluzole	3	MO
sevelamer carbonate oral powder in packet	5	MO
sevelamer carbonate oral tablet	3	MO
sodium chloride 0.9 % intravenous parenteral solution	4	MO
sodium chloride irrigation	2	MO
sodium polystyrene sulfonate oral powder	4	MO
sps (with sorbitol) oral	3	MO
SYPRINE	4	PA; MO; QL (248 per 31 days)
trientine	3	PA; MO; QL (248 per 31 days)
VELTASSA	3	MO
XURIDEN	5	MO
zoledronic acid-mannitol-water	3	PA; MO
SMOKING DETERRENTS		

Drug Name	Drug Tier	Requirements /Limits
bupropion hcl (smoking deter)	3	MO
CHANTIX	3	MO
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal aerosol,spray	4	MO; QL (60 per 30 days)
azelastine nasal spray,non-aerosol	2	MO; QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	2	MO
ipratropium bromide nasal	2	MO; QL (30 per 30 days)
periogard	2	MO
triamcinolone acetonide dental	4	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	3	MO
ciprofloxacin hcl otic (ear)	3	MO
floxin otic (ear) drops	2	
fluocinolone acetonide oil	4	MO
hydrocortisone-acetic acid	4	MO
ofloxacin otic (ear)	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits			
OTIC STEROID / ANTIBIOTIC								
CIPRODEX	3	MO	<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO			
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO	<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO			
ENDOCRINE/DIABETES								
ADRENAL HORMONES								
<i>cortisone</i>	2	MO	<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg</i>	4	B/D PA; MO			
DEPO-MEDROL	3	MO	<i>prednisolone sodium phosphate oral tablet,disintegrating 15 mg, 30 mg</i>	2	B/D PA; MO			
<i>dexamethasone intensol</i>	2	MO	<i>prednisone intensol</i>	4	B/D PA; MO			
<i>dexamethasone oral elixir</i>	2	MO	<i>prednisone oral solution</i>	2	MO			
<i>dexamethasone oral tablet</i>	1	MO	<i>prednisone oral tablet</i>	1	B/D PA; MO			
<i>dexamethasone sodium phosphate injection solution</i>	4	MO	<i>prednisone oral tablets,dose pack</i>	1	MO			
<i>fludrocortisone</i>	2	MO	<i>SOLU-CORTEF (PF) INJECTION RECON SOLN 250 MG/2 ML</i>	3	MO			
<i>hydrocortisone oral</i>	2	MO	<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO			
<i>methylprednisolone acetate</i>	2	MO	ANTITHYROID AGENTS					
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO	<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO			
<i>methylprednisolone oral tablets,dose pack</i>	2	MO	<i>propylthiouracil</i>	2	MO			
<i>methylprednisolone sodium succ injection recon soln 125 mg</i>	4	MO	DIABETES THERAPY					
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	2	MO	<i>acarbose oral tablet 100 mg</i>	2	MO; QL (93 per 31 days)			
<i>methylprednisolone sodium succ intravenous</i>	4	MO						

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
acarbose oral tablet 25 mg	2	MO; QL (372 per 31 days)	glipizide oral tablet extended release 24hr 10 mg	2	MO; QL (62 per 31 days)
acarbose oral tablet 50 mg	2	MO; QL (186 per 31 days)	glipizide oral tablet extended release 24hr 2.5 mg	2	MO; QL (248 per 31 days)
alcohol pads	2	MO	glipizide oral tablet extended release 24hr 5 mg	2	MO; QL (124 per 31 days)
BYDUREON	3	MO; QL (4 per 28 days)	GLUCAGEN HYPOKIT	3	MO
BYDUREON BCISE	3	MO; QL (4 per 28 days)	GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	MO; QL (2.4 per 30 days)	HUMALOG JUNIOR KWIKPEN U-100	3	MO
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	MO; QL (1.2 per 30 days)	HUMALOG KWIKPEN INSULIN	3	MO
CYCLOSET	4	MO; QL (186 per 31 days)	HUMALOG MIX 50-50 INSULN U-100	3	MO
FARXIGA ORAL TABLET 10 MG	4	MO; QL (31 per 31 days)	HUMALOG MIX 50-50 KWIKPEN	3	MO
FARXIGA ORAL TABLET 5 MG	4	MO; QL (62 per 31 days)	HUMALOG MIX 75-25 KWIKPEN	3	MO
GAUZE PADS 2 X 2	3	MO	HUMALOG MIX 75-25(U-100)INSULN	3	MO
glimepiride oral tablet 1 mg	1	MO; QL (248 per 31 days)	HUMALOG U-100 INSULIN	3	MO
glimepiride oral tablet 2 mg	1	MO; QL (124 per 31 days)	HUMULIN 70/30 U-100 INSULIN	3	MO
glimepiride oral tablet 4 mg	1	MO; QL (62 per 31 days)	HUMULIN 70/30 U-100 KWIKPEN	3	MO
glipizide oral tablet 10 mg	1	MO; QL (124 per 31 days)	HUMULIN N NPH INSULIN KWIKPEN	3	MO
glipizide oral tablet 5 mg	1	MO; QL (248 per 31 days)			

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HUMULIN N NPH U-100 INSULIN	3	MO	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	MO; QL (31 per 31 days)
HUMULIN R REGULAR U-100 INSULIN	3	MO	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	MO; QL (62 per 31 days)
HUMULIN R U-500 (CONC) INSULIN	4	MO	JANUVIA	3	MO; QL (31 per 31 days)
HUMULIN R U-500 (CONC) KWIKPEN	4	MO	JARDIANCE	3	MO; QL (31 per 31 days)
INSULIN PEN NEEDLE	3	MO	JENTADUETO	3	MO; QL (62 per 31 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO	LANTUS SOLOSTAR U-100 INSULIN	3	MO
INVOKAMET ORAL TABLET 150-1,000 MG, 150- 500 MG, 50-1,000 MG	3	MO; QL (62 per 31 days)	LANTUS U-100 INSULIN	3	MO
INVOKAMET ORAL TABLET 50- 500 MG	3	MO; QL (124 per 31 days)	<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (78 per 31 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	MO; QL (62 per 31 days)	<i>metformin oral tablet 500 mg</i>	1	MO; QL (155 per 31 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG	3	MO; QL (124 per 31 days)	<i>metformin oral tablet 850 mg</i>	1	MO; QL (93 per 31 days)
INVOKANA ORAL TABLET 100 MG	3	MO; QL (93 per 31 days)	<i>metformin oral tablet extended release 24 hr 500 mg</i>	2	MO; QL (124 per 31 days)
INVOKANA ORAL TABLET 300 MG	3	MO; QL (31 per 31 days)	<i>metformin oral tablet extended release 24 hr 750 mg</i>	2	MO; QL (78 per 31 days)
JANUMET	3	MO; QL (62 per 31 days)	<i>nateglinide oral tablet 120 mg</i>	4	MO; QL (93 per 31 days)
			<i>nateglinide oral tablet 60 mg</i>	4	MO; QL (186 per 31 days)
			NEEDLES, INSULIN DISP.,SAFETY	3	MO
			NOVOFINE 32	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NOVOFINE AUTOCOVER	3	MO	<i>tolazamide oral</i> tablet 250 mg	2	MO; QL (124 per 31 days)
<i>pioglitazone</i>	3	MO; QL (31 per 31 days)	<i>tolazamide oral</i> tablet 500 mg	2	MO; QL (62 per 31 days)
PROGLYCEM	5	MO	<i>tolbutamide</i>	2	MO; QL (186 per 31 days)
<i>repaglinide oral</i> tablet 0.5 mg	2	MO; QL (992 per 31 days)	TOUJEO MAX SOLOSTAR	3	MO
<i>repaglinide oral</i> tablet 1 mg	2	MO; QL (496 per 31 days)	TOUJEO SOLOSTAR U-300 INSULIN	3	MO
<i>repaglinide oral</i> tablet 2 mg	2	MO; QL (248 per 31 days)	TRADJENTA	3	MO; QL (31 per 31 days)
RIOMET	3	MO; QL (791 per 31 days)	TRULICITY	4	MO; QL (2 per 28 days)
SEGLUROMET	4	MO; QL (62 per 31 days)	VGO 20	3	MO
STEGLATRO	4	MO; QL (31 per 31 days)	VGO 30	3	MO
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)	VGO 40	3	MO
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)	VICTOZA 2-PAK	3	MO; QL (9 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	3	MO; QL (62 per 31 days)	VICTOZA 3-PAK	3	MO; QL (9 per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	3	MO; QL (124 per 31 days)	XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	4	MO; QL (31 per 31 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5- 1,000 MG	3	MO; QL (62 per 31 days)	XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 2.5-1,000 MG, 5- 1,000 MG, 5-500 MG	4	MO; QL (62 per 31 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QL (31 per 31 days)	MISCELLANEOUS HORMONES		
TANZEUM	4	MO; QL (4 per 28 days)	ALDURAZYME	5	MO
			ANADROL-50	4	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; MO	<i>desmopressin nasal spray, non-aerosol</i>	3	MO
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	PA; MO	<i>desmopressin oral</i>	3	MO
ANDROID	4	MO	ELAPRASE	5	MO
<i>cabergoline</i>	4	MO	FABRAZYME	5	MO
<i>calcitonin (salmon)</i>	4	MO	KANUMA	5	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO	KORLYM	5	MO
<i>calcitriol oral capsule 0.25 mcg</i>	2	MO	KUVAN	5	MO
<i>calcitriol oral capsule 0.5 mcg</i>	3	MO	LUMIZYME	4	MO
<i>calcitriol oral solution</i>	3	MO	<i>methyltestosterone oral capsule</i>	5	MO
CERDELGA	5	MO	MIACALCIN INJECTION	4	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	MO	MYALEPT	5	PA; MO; LA
CHORIONIC GONADOTROPIN, HUMAN	3	PA; MO	NAGLAZYME	5	MO; LA
<i>danazol</i>	4	MO	NATPARA	5	PA; MO; LA
<i>desmopressin injection</i>	3	MO	<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO
<i>desmopressin nasal solution</i>	3		<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; MO
			<i>paricalcitol intravenous solution 2 mcg/ml</i>	4	
			<i>paricalcitol intravenous solution 5 mcg/ml</i>	4	MO
			<i>paricalcitol oral</i>	4	MO
			SAMSCA	5	PA; MO
			SENSIPAR	4	MO
			SOMAVERT	5	MO
			STIMATE	3	MO
			STRENSIQ	4	MO; LA
			SYNAREL	4	MO
			<i>testosterone cypionate</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
testosterone enanthate	4	MO
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	3	PA; MO
zoledronic acid intravenous solution	3	B/D PA; MO
ZOMETA INTRAVENOUS PIGGYBACK	4	B/D PA; MO
THYROID HORMONES		
levothyroxine oral	1	MO
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	3	MO
liothyronine oral	2	MO
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	3	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
atropine injection syringe 0.05 mg/ml	4	
dicyclomine oral capsule	2	MO
dicyclomine oral solution	2	MO
dicyclomine oral tablet	2	MO
glycopyrrolate injection	4	MO

Drug Name	Drug Tier	Requirements /Limits
glycopyrrolate oral tablet 1 mg	2	MO
glycopyrrolate oral tablet 2 mg	4	MO
loperamide oral capsule	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron	5	MO
ALOXI	4	MO
AMITIZA	3	MO
aprepitant	3	B/D PA; MO
ASACOL HD	3	MO
balsalazide	4	MO
budesonide oral	5	MO
CANASA	4	MO
CHENODAL	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	5	PA; MO; QL (124 per 31 days)
compro	4	MO
constulose	2	MO
CORTIFOAM	3	MO
CREON	3	MO
cromolyn oral	4	MO
CYSTADANE	5	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	4	MO
dronabinol oral capsule 10 mg	5	B/D PA; MO
dronabinol oral capsule 2.5 mg, 5 mg	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
EMEND (FOSAPREPITANT)	3	MO	MOVIPREP	4	MO
EMEND ORAL CAPSULE	3	B/D PA; MO	OCALIVA	5	PA; MO; LA; QL (31 per 31 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTIO N	3	B/D PA; MO	ondansetron	2	B/D PA; MO
enulose	2	MO	ondansetron hcl (pf) injection solution	3	MO
GATTEX 30-VIAL	5	MO	ondansetron hcl oral solution	3	B/D PA; MO
gavilyte-c	2	MO	ondansetron hcl oral tablet 24 mg	2	B/D PA
gavilyte-g	2	MO	ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D PA; MO
gavilyte-n	2	MO	palonosetron intravenous solution 0.25 mg/5 ml	4	MO
generlac	2	MO	peg 3350- electrolytes oral recon soln 236- 22.74-6.74 -5.86 gram	2	MO
granisetron (pf) intravenous solution 100 mcg/ml	3	MO	peg 3350- electrolytes oral recon soln 240- 22.72-6.72 -5.84 gram	2	
granisetron hcl intravenous	3	MO	peg-electrolyte	3	
granisetron hcl oral	4	B/D PA; MO	PENTASA	4	MO
hydrocortisone rectal	3	MO	polyethylene glycol 3350 oral powder	3	MO
lactulose oral solution 10 gram/15 ml	2	MO	PREPOPIK	4	MO
LIALDA	3	MO	prochlorperazine	4	MO
LINZESS	3	MO	prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	2	MO
meclizine oral tablet 12.5 mg, 25 mg	2	MO	prochlorperazine maleate oral	1	MO
mesalamine rectal	3	MO	procto-med hc	2	MO
metoclopramide hcl injection solution	2	MO			
metoclopramide hcl oral solution	2	MO			
metoclopramide hcl oral tablet	1	MO			

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>procto-pak</i>	2	MO	ZENPEP ORAL CAPSULE,DELAY ED	3	MO
<i>proctosol hc topical</i>	2	MO	RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT,		
<i>proctozone-hc</i>	2	MO	10,000-34,000 - 55,000 UNIT,		
RECTIV	3	MO	15,000-51,000 - 82,000 UNIT,		
RELISTOR SUBCUTANEOUS SOLUTION	5	MO	20,000-63,000- 84,000 UNIT,		
RELISTOR SUBCUTANEOUS SYRINGE	5	MO	25,000-79,000- 105,000 UNIT,		
REMICADE	5	PA; MO	25,000-85,000- 136,000 UNIT,		
<i>scopolamine base</i>	3	MO	3,000-10,000- 16,000 UNIT, 5,000-		
SUCRAID	5	MO	17,000 -27,000 UNIT, 5,000-		
<i>sulfasalazine</i>	2	MO	17,000- 24,000 UNIT		
SUPREP BOWEL PREP KIT	4	MO	ZENPEP ORAL CAPSULE,DELAY ED	5	MO
TRANSDERM-SCOP	4	MO	RELEASE(DR/EC) 40,000-126,000- 168,000 UNIT		
<i>trilyte with flavor packets</i>	2	MO	ULCER THERAPY		
UCERIS ORAL	5	MO	DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 30 MG	4	MO; QL (31 per 31 days)
<i>ursodiol oral capsule</i>	2	MO	DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 60 MG	4	MO
<i>ursodiol oral tablet</i>	3	MO	<i>esomeprazole sodium intravenous recon soln 20 mg</i>	4	
VIOKACE ORAL TABLET 10,440- 39,150- 39,150 UNIT	3	MO	<i>esomeprazole sodium intravenous recon soln 40 mg</i>	4	MO
VIOKACE ORAL TABLET 20,880- 78,300- 78,300 UNIT	5	MO			

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
famotidine (pf)	2	MO	pantoprazole oral tablet,delayed release (dr/ec) 40 mg	2	MO
famotidine (pf)-nacl (iso-os)	2	MO	ranitidine hcl oral capsule	2	MO
famotidine oral suspension	4	MO	ranitidine hcl oral syrup	3	MO
famotidine oral tablet 20 mg, 40 mg	1	MO	ranitidine hcl oral tablet 150 mg, 300 mg	1	MO
misoprostol	2	MO	sucralfate oral tablet	2	MO
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 20 MG	3	MO; QL (31 per 31 days)	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 40 MG	3	MO	BIOTECHNOLOGY DRUGS		
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	MO; QL (31 per 31 days)	ACTIMMUNE	5	B/D PA; MO
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	MO	ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; MO
nizatidine oral solution	4	MO	ARANESP (IN POLYSORBATE) INJECTION SYRINGE	4	PA; MO
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	2	MO; QL (31 per 31 days)	ARCALYST	5	PA; MO
omeprazole oral capsule,delayed release(dr/ec) 40 mg	2	MO	ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	2	MO; QL (31 per 31 days)	INTRON A INJECTION	5	B/D PA; MO
			MOZOBIL	5	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits	
NEULASTA SUBCUTANEOUS SYRINGE	4	PA; MO	REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; QL (6 per 28 days)	
NEUPOGEN	5	PA; MO	REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)	
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; MO	REBIF TITRATION PACK	5	PA; MO; QL (4.2 per 180 days)	
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	MO; QL (2 per 28 days)	SYLATRON	5	MO	
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)	VACCINES / MISCELLANEOUS IMMUNOLOGICALS			
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)	ACTHIB (PF)	3	MO	
PROCIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO	ADACEL(TDAP ADOLESN/ADULT (PF)	3	MO	
PROCIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO	BCG VACCINE, LIVE (PF)	3	MO	
PROLEUKIN	4	B/D PA; MO	BEXSERO	3	MO	
REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)	BOOSTRIX TDAP	3	MO	
			BOTOX	4	PA; MO	
			DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO	
			ENGERIX-B (PF) INTRAMUSCULA R SYRINGE	3	B/D PA; MO	
			ENGERIX-B PEDIATRIC (PF) INTRAMUSCULA R SYRINGE	3	B/D PA; MO	
			GAMASTAN S/D	3	MO	
			GARDASIL 9 (PF)	4	MO	
			GRASTEK	3	PA; MO	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO	QUADRACEL (PF)	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO	RABAVERT (PF)	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3		RAGWITEK	3	MO
HIBERIX (PF)	3	MO	RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	B/D PA; MO
IMOGLAM RABIES- HT (PF)	3	MO	RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
IMOVOX RABIES VACCINE (PF)	4	MO	RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	MO	ROTARIX	3	
IPOL	3	MO	ROTATEQ VACCINE	3	MO
IXIARO (PF)	4	MO	SHINGRIX (PF)	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3		TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	MO
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO	TETANUS,DIPHTHERIA TOXOID(PF)	3	MO
MENACTRA (PF) INTRAMUSCULAR R SOLUTION	3	MO	TETANUS- DIPHTHERIA TOXOIDS-TD	3	MO
MENVEO A-C-Y- W-135-DIP (PF)	3	MO	TRUMENBA	3	MO
M-M-R II (PF)	3	MO	TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
PEDIARIX (PF)	3	MO	TYPHIM VI INTRAMUSCULAR R SOLUTION	3	
PEDVAX HIB (PF)	3	MO			
PRIVIGEN	5	PA; MO			
PROQUAD (PF)	3	MO			

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO	ENBREL MINI	5	PA; MO; QL (8 per 28 days)
VAQTA (PF)	3	MO	ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (16 per 28 days)
VARIVAX (PF)	3	MO	ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
VARIZIG INTRAMUSCULAR SOLUTION	5	MO	ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
YF-VAX (PF)	3	MO	HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PA; MO; QL (6 per 180 days)
ZOSTAVAX (PF)	4	MO	HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
MUSCULOSKELETAL / RHEUMATOLOGY					
GOUT THERAPY					
<i>allopurinol</i>	1	MO	HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)
COLCRYS	3	MO	HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
<i>probenecid</i>	2	MO	HUMIRA PEN CROHN'S-UC-HS START	5	PA; MO; QL (6 per 180 days)
<i>probenecid-colchicine</i>	2	MO	HUMIRA PEN PSORIASIS-UVEITIS	5	PA; MO; QL (4 per 180 days)
ULORIC	3	MO			
OSTEOPOROSIS THERAPY					
<i>alendronate oral tablet 10 mg, 5 mg</i>	2	MO; QL (31 per 31 days)			
<i>alendronate oral tablet 35 mg, 70 mg</i>	2	MO; QL (4 per 28 days)			
<i>ibandronate oral</i>	3	MO; QL (1 per 31 days)			
PROLIA	4	PA; MO			
<i>raloxifene</i>	3	MO			
TYMLOS	3	PA; MO; QL (1.56 per 30 days)			
OTHER RHEUMATOLOGICALS					
BENLYSTA	5	MO			
DEPEN TITRATABS	3	MO			

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
<i>leflunomide</i>	2	MO; QL (31 per 31 days)
ORENCIA	5	PA; MO
ORENCIA (WITH MALTOSE)	5	PA; MO
ORENCIA CLICKJECT	5	PA; MO
SAVELLA ORAL TABLET	3	MO; QL (62 per 31 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>amabelz</i>	3	PA; MO
<i>camila</i>	2	MO
CRINONE VAGINAL GEL 4 %	4	MO
CRINONE VAGINAL GEL 8 %	4	PA; MO
<i>deblitane</i>	3	MO
<i>errin</i>	2	MO
ESTRACE VAGINAL	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch weekly</i>	2	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	3	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol- norethindrone acet</i>	3	MO
<i>estropipate</i>	2	PA; MO
<i>hydroxyprogesterone caproate</i>	5	MO
<i>jinteli</i>	3	MO
<i>jolivette</i>	2	MO
<i>lyza</i>	2	MO
MAKENA (PF)	5	MO
MAKENA INTRAMUSCULA R OIL 250 MG/ML (1 ML)	5	MO
<i>medroxyprogesterone intramuscular</i>	3	MO
<i>medroxyprogesterone oral</i>	2	MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	4	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	MO
<i>norlyroc</i>	3	
PREMARIN ORAL	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PREMARIN VAGINAL	4	MO	<i>blisovi 24 fe</i>	4	MO
PREMPHASE	3	PA; MO	<i>blisovi fe 1.5/30 (28)</i>	4	MO
PREMPRO	3	MO	<i>blisovi fe 1/20 (28)</i>	4	MO
<i>sharobel</i>	3	MO	<i>briellyn</i>	4	MO
<i>yuvafem</i>	3	MO	<i>camrese lo</i>	4	MO
MISCELLANEOUS OB/GYN			<i>caziant (28)</i>	4	MO
CLEOCIN VAGINAL SUPPOSITORY	3	MO	<i>cryselle (28)</i>	4	MO
<i>clindamycin phosphate vaginal</i>	2	MO	<i>cyclafem 1/35 (28)</i>	4	MO
<i>metronidazole vaginal</i>	2	MO	<i>cyclafem 7/7/7 (28)</i>	4	MO
<i>miconazole-3 vaginal suppository</i>	4	MO	<i>delyla (28)</i>	4	
<i>terconazole vaginal cream</i>	2	MO	<i>desog-e.estriadiol/e.estriadol</i>	4	MO
<i>terconazole vaginal suppository</i>	4	MO	<i>drospirenone-e.estriadiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	4	MO
<i>tranexamic acid oral</i>	4	MO	<i>drospirenone-ethinylestradiol</i>	4	MO
<i>vandazole</i>	2	MO	<i>emoquette</i>	4	MO
<i>xulane</i>	2	MO	<i>enpresse</i>	4	MO
ORAL CONTRACEPTIVES / RELATED AGENTS			<i>estarrylla</i>	4	MO
<i>alyacen 1/35 (28)</i>	4	MO	<i>ethynodiol diac-eth estradiol</i>	4	
<i>amethia</i>	4	MO	<i>falmina (28)</i>	4	MO
<i>amethia lo</i>	4	MO	<i>fayosim</i>	4	MO
<i>apri</i>	4	MO	<i>femynor</i>	4	MO
<i>aranelle (28)</i>	4	MO	<i>gianvi (28)</i>	4	MO
<i>ashlyna</i>	4	MO	<i>introvale</i>	4	MO
<i>aubra</i>	4	MO	<i>isibloom</i>	4	MO
<i>aviane</i>	4	MO	<i>juleber</i>	4	MO
<i>balziva (28)</i>	4	MO	<i>junel 1.5/30 (21)</i>	4	MO
<i>bekyree (28)</i>	4	MO	<i>junel 1/20 (21)</i>	4	MO
			<i>junel fe 1.5/30 (28)</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
junel fe 1/20 (28)	4	MO	levora-28	4	MO
junel fe 24	4	MO	loryna (28)	4	MO
kaitlib fe	4	MO	low-ogestrel (28)	4	MO
kariva (28)	4	MO	lulera (28)	4	MO
kelnor 1/35 (28)	4	MO	marlissa	4	MO
kelnor 1-50	4	MO	melodetta 24 fe	4	MO
kimidess (28)	4	MO	mibelas 24 fe	4	MO
l norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	4		microgestin 1.5/30 (21)	4	MO
l norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	4	MO	microgestin 1/20 (21)	4	MO
larin 1.5/30 (21)	4	MO	microgestin fe 1.5/30 (28)	4	MO
larin 1/20 (21)	4	MO	microgestin fe 1/20 (28)	4	MO
larin fe 1.5/30 (28)	4	MO	mili	4	
larin fe 1/20 (28)	4	MO	mononessa (28)	4	MO
larissia	4	MO	necon 0.5/35 (28)	4	MO
layolis fe	4	MO	necon 7/7/7 (28)	4	MO
leena 28	4	MO	nikki (28)	4	MO
lessina	4	MO	noreth-ethinyl estradiol-iron	4	MO
levonest (28)	4	MO	norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	4	MO
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg	4	MO	norethindrone- e.estriadiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)	4	MO
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	4	MO	norethindrone- e.estriadiol-iron oral tablet, chewable	4	MO
levonorg-eth estrad triphasic	4	MO	norgestimate-ethinyl estradiol	4	MO
			nortrel 0.5/35 (28)	4	MO
			nortrel 1/35 (21)	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>nortrel 1/35 (28)</i>	4	MO
<i>nortrel 7/7/7 (28)</i>	4	MO
<i>ocella</i>	4	MO
<i>ogestrel (28)</i>	4	MO
<i>orsythia</i>	4	MO
<i>pimtrea (28)</i>	4	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	4	MO
<i>portia</i>	4	MO
<i>previfem</i>	4	MO
<i>quasense</i>	4	MO
<i>reclipsen (28)</i>	4	MO
<i>rivelsa</i>	4	MO
<i>setlakin</i>	4	MO
<i>sprintec (28)</i>	4	MO
<i>sronyx</i>	4	MO
<i>tarina fe 1/20 (28)</i>	4	MO
<i>tri-legest fe</i>	4	MO
<i>tri-lo-estarrylla</i>	4	MO
<i>tri-lo-sprintec</i>	4	MO
<i>tri-mili</i>	4	
<i>trinessa (28)</i>	4	MO
<i>tri-previfem (28)</i>	4	MO
<i>tri-sprintec (28)</i>	4	MO
<i>trivora (28)</i>	4	MO
<i>tri-vylibra</i>	4	
<i>tydemy</i>	4	MO
<i>velvet triphasic regimen (28)</i>	4	MO
<i>vestura (28)</i>	4	MO
<i>vienna</i>	4	MO
<i>vyfemla (28)</i>	4	MO
<i>vylibra</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>wymzya fe</i>	4	MO
<i>zarah</i>	4	MO
<i>zenchent (28)</i>	4	MO
<i>zovia 1/35e (28)</i>	4	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin ophthalmic (eye)</i>	4	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
<i>BESIVANCE</i>	3	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO
<i>levofloxacin ophthalmic (eye)</i>	4	MO
<i>moxifloxacin ophthalmic (eye)</i>	3	MO
<i>NATACYN</i>	3	MO
<i>neomycin-bacitracin-polymyxin</i>	4	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
VIGAMOX	4	MO	CYSTARAN	5	MO
ANTIVIRALS			<i>epinastine</i>	4	MO
<i>trifluridine</i>	3	MO	PATADAY	3	MO
ZIRGAN	4	MO	PAZEO	3	MO
BETA-BLOCKERS			RESTASIS	3	MO; QL (60 per 30 days)
BETIMOL	4	MO	RESTASIS	3	MO; QL (5.5 per 30 days)
<i>carteolol</i>	1	MO	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO	<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>metipranolol</i>	2		<i>flurbiprofen sodium</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO	ILEVRO	4	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO	<i>ketorolac ophthalmic (eye)</i>	2	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO	PROLENSA	3	MO
CHOLINESTERASE INHIBITOR MIOTICS			ORAL DRUGS FOR GLAUCOMA		
PHOSPHOLINE IODIDE	4	MO	<i>acetazolamide oral capsule, extended release</i>	3	MO
CYCLOPLEGIC MYDRIATICS			<i>acetazolamide oral tablet</i>	2	MO
<i>atropine ophthalmic (eye) drops</i>	4	MO	<i>methazolamide</i>	4	MO
DIRECT ACTING MIOTICS			OTHER GLAUCOMA DRUGS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO	AZOPT	4	MO
MISCELLANEOUS OPHTHALMOLOGICS			<i>bimatoprost ophthalmic (eye)</i>	4	MO
<i>azelastine ophthalmic (eye)</i>	4	MO	COMBIGAN	3	MO
<i>cromolyn ophthalmic (eye)</i>	2	MO	COSOPT	4	MO
			COSOPT (PF)	4	MO
			<i>dorzolamide</i>	2	MO
			<i>dorzolamide-timolol</i>	4	MO
			<i>latanoprost</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
SIMBRINZA	4	MO
TRAVATAN Z	3	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	4	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	MO
<i>tobramycin-dexamethasone</i>	3	MO
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
DUREZOL	3	MO
<i>fluorometholone</i>	4	MO
<i>prednisolone acetate</i>	3	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	4	MO
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	2	MO
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	3	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>cyproheptadine oral tablet</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>EPINEPHRINE INJECTION AUTO-INJECTOR</i>	3	MO
EPIPEN	3	MO
EPIPEN 2-PAK	3	MO
EPIPEN JR	3	MO
EPIPEN JR 2-PAK	3	MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	PA; MO
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>levocetirizine oral tablet</i>	2	MO; QL (31 per 31 days)	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES)	3	MO; QL (30 per 30 days)
PULMONARY AGENTS					
<i>acetylcysteine</i>	2	B/D PA; MO	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (30 DOSES)	3	QL (28 per 30 days)
ADCIRCA	5	PA; MO; QL (62 per 31 days)	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES), 220 MCG (14 DOSES)	3	MO; QL (240 per 30 days)
ADEMPAS	5	PA; MO; LA	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (120 DOSES)	3	MO; QL (60 per 30 days)
ADVAIR DISKUS	4	MO; QL (60 per 30 days)	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG (60 DOSES)	3	MO; QL (10.7 per 30 days)
ADVAIR HFA	4	MO; QL (12 per 30 days)	ATROVENT HFA	4	MO; QL (25.8 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 5 mg/ml</i>	2	B/D PA; MO	BEVESPI AEROSPHERE	3	MO; QL (0.5 mg/2 ml)
<i>albuterol sulfate oral syrup</i>	2	MO	BREO ELLIPTA	3	MO; QL (60 per 30 days)
<i>albuterol sulfate oral tablet</i>	4	MO	<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	3	B/D PA; MO
ANORO ELLIPTA	3	MO; QL (60 per 30 days)			
ARCAPTA NEOHALER	4	MO; QL (30 per 30 days)			
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION	3	MO; QL (30 per 30 days)			

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
budesonide <i>inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO	FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)
CINRYZE	5	PA; MO	FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
COMBIVENT RESPIMAT	4	MO; QL (8 per 30 days)	<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA; MO	<i>fluticasone nasal</i>	2	MO; QL (16 per 30 days)
DALIRESP	4	PA; MO	INCRUSE ELLIPTA	4	MO; QL (30 per 30 days)
DULERA	3	MO; QL (13 per 30 days)	<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
ESBRIET ORAL CAPSULE	5	PA; MO; QL (279 per 31 days)	KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ESBRIET ORAL TABLET 267 MG	5	PA; MO; QL (279 per 31 days)	KALYDECO ORAL TABLET	5	PA; MO; QL (62 per 31 days)
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (93 per 31 days)	LETAIRIS	5	PA; MO; LA
FIRAZYR	5	PA; MO	<i>montelukast oral granules in packet</i>	3	MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)	<i>montelukast oral tablet</i>	2	MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)	<i>montelukast oral tablet, chewable</i>	2	MO
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)	NUCALA	5	PA; MO; LA; QL (1 per 28 days)
			OFEV	4	PA; MO; QL (62 per 31 days)
			ORKAMBI	5	PA; MO; QL (112 per 28 days)
			PERFOROMIST	3	B/D PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
PROAIR HFA	3	MO; QL (17 per 30 days)
PROAIR RESPICLICK	3	MO; QL (2 per 30 days)
PULMOZYME	5	B/D PA; MO
SEREVENT DISKUS	3	MO; QL (60 per 30 days)
<i>sildenafil</i> (pulmonary arterial hypertension) oral tablet 20 mg	2	PA; MO; QL (93 per 31 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANIHIALER	3	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMBICORT	3	MO; QL (10.2 per 30 days)
SYMDEKO	5	PA; MO
<i>terbutaline oral</i>	2	MO
<i>terbutaline subcutaneous</i>	5	MO
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
<i>triamcinolone acetonide nasal</i>	3	MO; QL (34 per 30 days)
TUDORZA PRESSAIR	3	MO; QL (1 per 30 days)
XOLAIR	5	PA; MO; LA; QL (6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>zafirlukast</i>	2	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>flavoxate</i>	4	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	3	MO
<i>tolterodine</i>	4	MO
TOVIAZ	4	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	3	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>tamsulosin</i>	2	MO
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>	4	MO
<i>bethanechol chloride oral tablet 5 mg</i>	2	MO
MISCELLANEOUS UROLOGICALS		
CYSTAGON	3	MO; LA
ELMIRON	3	MO
<i>potassium citrate</i>	4	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate oral capsule</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
calcium acetate oral tablet 667 mg	3	MO	potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	2	MO
klor-con	2	MO	potassium chloride in water intravenous piggyback 10 meq/100 ml	3	MO
klor-con 10	2	MO	potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml	3	
klor-con 8	2	MO	potassium chloride intravenous	3	MO
klor-con m10	2	MO	potassium chloride oral capsule, extended release	2	MO
klor-con m15	2	MO	potassium chloride oral liquid	3	MO
klor-con m20	2	MO	potassium chloride oral tablet extended release	2	MO
klor-con sprinkle	3	MO	potassium chloride oral tablet,er particles/crystals	2	MO
lactated ringers intravenous	4	MO	potassium chloride-0.45 % nacl	3	
magnesium sulfate injection solution	2	MO	potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	2	MO
magnesium sulfate injection syringe	2		potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	2	
NORMOSOL-R IN 5 % DEXTROSE	3				
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l	2				
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l	2	MO			
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	2				
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l	2				

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	MO	AMINOSYN-PF 10 %	3	B/D PA
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2		AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PA
<i>ringer's intravenous</i>	4		AMINOSYN-RF 5.2 %	3	B/D PA
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	4	MO	FREAMINE HBC 6.9 %	3	B/D PA
<i>sodium chloride 3 %</i>	4	MO	HEPATAMINE 8%	3	B/D PA
<i>sodium chloride 5 %</i>	4		<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	4	MO	INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA
MISCELLANEOUS NUTRITION PRODUCTS					
<i>AMINOSYN 7 % WITH ELECTROLYTES</i>	3	B/D PA	IONOSOL-MB IN D5W	3	
<i>AMINOSYN 8.5 %-ELECTROLYTES</i>	3	B/D PA	ISOLYTE-P IN 5 % DEXTROSE	3	
<i>AMINOSYN II 10 %</i>	3	B/D PA	ISOLYTE-S	3	
<i>AMINOSYN II 15 %</i>	3	B/D PA	NEPHRAMINE 5.4 %	3	B/D PA
<i>AMINOSYN II 8.5 %</i>	3	B/D PA	NORMOSOL-R PH 7.4	3	
<i>AMINOSYN II 8.5 %-ELECTROLYTES</i>	3	B/D PA	<i>plenamine</i>	3	B/D PA
<i>AMINOSYN-HBC 7%</i>	3	B/D PA	<i>premasol 10 %</i>	2	B/D PA; MO
VITAMINS / HEMATINICS					
<i>fluoride (sodium) oral tablet</i>	2	MO	<i>PREMASOL 6 %</i>	3	B/D PA
<i>prenatal vitamin oral tablet</i>	1	MO	<i>travasol 10 %</i>	4	B/D PA; MO
			<i>TROPHAMINE 10 %</i>	3	B/D PA; MO
			<i>TROPHAMINE 6%</i>	3	B/D PA

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